

Hospitalization Claim Form Sample

The **hospitalization claim form** sample provides a clear template for submitting health insurance claims efficiently. It ensures all necessary details, such as patient information, treatment dates, and hospital charges, are accurately documented. Using this form helps streamline the reimbursement process and avoid claim rejections.

1. Patient Information

Full Name:

Date of Birth:

Gender:

Health Insurance Policy Number:

2. Hospital & Treatment Details

Hospital Name:

Date of Admission:

Date of Discharge:

Primary Diagnosis:

3. Hospitalization Charges

Service/Item	Description	Amount (USD)
Room Charges	<input type="text"/>	<input type="text"/>
Medicines	<input type="text"/>	<input type="text"/>
Investigations	<input type="text"/>	<input type="text"/>
Surgery/Procedure	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>

4. Bank Account Details (for reimbursement)

Account Holder Name:

Bank Name:

Account Number:

IFSC/Swift Code:

5. Declaration

I hereby declare that the details provided above are true and correct to the best of my knowledge. I have attached all relevant documents (hospital bills, discharge summary, prescriptions, etc.) for claim processing.

Claimant Name:

Date:

Submit Claim