

Maternity Medical Claim Form Sample

Download a comprehensive **maternity medical claim form sample** designed to simplify your insurance reimbursement process. This form includes detailed instructions to ensure accurate and complete submission for maternity-related medical expenses. Streamline your claim experience with this easy-to-use template tailored for expectant mothers.

Note: Please read all instructions below before completing the form. Incomplete or inaccurate information may delay processing.

Claim Form

1. Insured Member Details

Full Name	<input type="text"/>
Policy Number	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>
Address	<input type="text"/>

2. Patient Information

Patient Name	<input type="text"/>
Relationship to Policy Holder	<div>--Select--<div></div></div>
Date of Birth	<input type="text"/>

3. Maternity Event Details

Date of Admission	<input type="text"/>
Date of Discharge	<input type="text"/>
Hospital/Clinic Name	<input type="text"/>
Type of Delivery	<div>--Select--<div></div></div>
Doctor's Name	<input type="text"/>

4. Claim Amount Details

Description	Amount (USD)
Hospital Charges	<input type="text"/>
Doctor's Fees	<input type="text"/>
Medications	<input type="text"/>
Other (Specify)	<input type="text"/>

Total Amount Claimed	<input type="text"/>
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5. Bank Details for Reimbursement

Bank Account Name	<input type="text"/>
Bank Account Number	<input type="text"/>
IFSC/Swift Code	<input type="text"/>
Bank Name & Branch	<input type="text"/>

6. Declaration & Signature

I declare that the information provided above is true and accurate to the best of my knowledge and all the supporting documents are attached.

Signature of Insured	<input type="text"/>	Date	<input type="text"/>
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Instructions for Completing the Maternity Medical Claim Form

- 1. Fill in all the required fields accurately. Incomplete forms may be rejected or cause delays.
- 2. Attach the following documents:
 - Copy of insurance card or policy document
 - Discharge summary from hospital
 - All medical bills and payment receipts
 - Doctor's prescription and reports where applicable
 - Bank passbook copy or canceled cheque for account verification
- 3. Ensure your claim amount matches the bills attached.
- 4. Sign the declaration before submitting.
- 5. Submit the filled form and attachments to your insurer's claims department via email, post, or dedicated portal.
- 6. Retain copies of all documents for your records.

For additional queries or assistance: Contact your insurance provider's customer support.