

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	<input type="text"/> --Select-- <input type="button" value="▼"/>
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	<input type="text"/> --Select-- <input type="button" value="▼"/>
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:
 - o Copy of insurance card or policy document
 - o Discharge summary from hospital
 - o All medical bills and payment receipts
 - o Doctor's prescription and reports where applicable
 - o 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.