Overseas Mediclaim Claim Form (Outpatient Treatment)

The **Overseas mediclaim claim form** sample for outpatient treatment provides a structured template to facilitate the reimbursement process efficiently. It includes essential details such as patient information, treatment specifics, and medical provider credentials. Utilizing this form ensures accurate and timely submission of outpatient medical claims during overseas healthcare visits.

Section A: Policy & Patient Information

Policy Number:	
Insured Person's Name:	
Date of Birth (DD/MM/YYYY):	
Address:	
Contact Number:	
Email:	
Travel Dates (From-To):	

Section B: Details of Illness/Injury and Treatment

Date of Illness/Injury:	
Description of Illness/Injury:	
Date(s) of Medical Consultations:	
Treatments Received:	
Hospital/Clinic Name & Address:	
Attending Physician's Name & Qualification:	
Have you claimed from any other insurance?	○ Yes ○ No

Section C: Expense Details

Date	Expense Type	Amount (Currency)	Description/Remarks
	Consultation Fee ▾		
	Consultation Fee ▾		

Section D: Declaration

I hereby declare that the information provided above is true and complete to the best of my knowledge. I authorize the insurance company to obtain medical and other necessary information from the treating provider.

Date:		Signature:	

Note: Please attach original receipts, prescriptions, and relevant treatment documents with this form.