

Cashless Claim Form Sample for Health Insurance

A **cashless claim form sample** for health insurance helps policyholders easily understand how to file claims without upfront payments. This form streamlines the process, ensuring faster approval and settlement with the insurer. It's essential for seamless hospital admissions and hassle-free claim experience.

1. Policyholder's Details

Policy Number:

Policyholder's Name:

Contact Number:

Email Address:

2. Patient Details

Patient's Name:

Relationship to Policyholder:

Date of Birth:

Gender:

Select

3. Hospital Details

Hospital Name:

Hospital Address:

Proposed Admission Date:

4. Treatment & Claim Details

Diagnosis:

Expected Expense Amount (INR):

Treating Doctor's Name:

5. Declaration & Authorization

I hereby declare that the information provided above is true and complete to the best of my knowledge. I authorize the hospital and insurance company to process my cashless claim as per policy terms.

Signature of Policyholder:

Date:

Submit Claim