

Cashless Claim Form Sample for Hospitalization

This **cashless claim form sample** provides a clear template for submitting hospitalization expenses to your insurer. It simplifies the process by detailing required information such as patient details, hospital information, and treatment specifics. Using this form ensures faster approval and hassle-free reimbursement for medical costs.

1. Patient Details

Patient Name:

Age/Gender:

Policy Number:

Contact Number:

Relationship to Policyholder:

2. Hospital Information

Hospital Name:

Hospital Address:

Hospital Contact Number:

3. Hospitalization Details

Reason for Hospitalization:

Date of Admission:

Date of Discharge:

Consulting Doctor's Name:

Doctor's Contact:

4. Treatment & Expenses

Diagnosis/Procedure:

Estimated Total Expenses (₹,¹):

All Supporting Documents Attached:

Additional Remarks:

5. Declaration

I hereby declare that the details provided are correct and all relevant documents for cashless claim are attached.

Date:

Signature:

Submit Claim