

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:	<input type="text"/>
Age/Gender:	<input type="text"/>
Policy Number:	<input type="text"/>
Contact Number:	<input type="text"/>
Relationship to Policyholder:	<div>Select</div>

2. Hospital Information

Hospital Name:	<input type="text"/>
Hospital Address:	<input type="text"/>
Hospital Contact Number:	<input type="text"/>

3. Hospitalization Details

Reason for Hospitalization:	<input type="text"/>
Date of Admission:	<input type="text"/>
Date of Discharge:	<input type="text"/>
Consulting Doctor's Name:	<input type="text"/>
Doctor's Contact:	<input type="text"/>

4. Treatment & Expenses

Diagnosis/Procedure:	<input type="text"/>
Estimated Total Expenses (â‚¹):	<input type="text"/>
All Supporting Documents Attached:	<div>Select</div>
Additional Remarks:	<div></div>

5. Declaration

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

Date:	<input type="text"/>
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Signature:

Submit Claim