

Maternity Claim Form (Sample - C-Section Delivery)

This **maternity claim form** sample provides a clear and concise template specifically designed for C-section delivery. It includes all necessary details to ensure smooth processing of insurance claims related to maternity expenses. Utilizing this form helps streamline the reimbursement process efficiently.

Personal Details

Full Name: Jane Doe

Date of Birth: 1990-08-01

Policy Number: POL123456789

Hospital & Delivery Information

Hospital Name: City General Hospital

Date of Admission: 2024-05-01

Date of Discharge: 2024-05-06

Date & Time of Delivery: 2024-05-03T10:30

Type of Delivery: C-section

Claimed Expenses

Hospital Charges: \$3,500

Doctor's Fees: \$1,000

Medicines & Consumables: \$400

Total Claim Amount: \$4,900

Attachments

- Hospital Bills (attached)
- Discharge Summary (attached)
- Doctor's Certificate (attached)
- Prescription Copies (attached)
- Insurance Policy Copy (attached)

Declaration

I, Jane Doe, hereby declare that the above information is true and correct to the best of my knowledge and that the expenses claimed are in accordance with the policy terms.

Signature: _____

Date: 2024-05-10