Health Insurance Benefit Claim Form Sample

A **health insurance benefit claim form sample** provides a clear template for submitting medical expenses to insurers, ensuring a smooth reimbursement process. This form includes essential details such as patient information, treatment records, and payment receipts. Using a standardized sample helps in avoiding common errors and speeding up claim approvals.

1. Patient Information

Full Name:		**Date of Birth:**	YYYY-MM-DD
Policy Number:		**Contact Number:**	
Address:			

2. Treatment Details

Name of Hospital/Clinic:	
Diagnosis:	
Treatment Provided:	
Treating Doctor's Name:	
Admission Date:	YYYY-MM-DD
Discharge Date:	YYYY-MM-DD

3. Expense & Payment Details

Expense Type	Amount	Date	Receipt/Invoice No.
e.g., Consultation		YYYY-MM-DD	
e.g., Medication		YYYY-MM-DD	
e.g., Surgery		YYYY-MM-DD	

Total Amount Claimed:

4. Declaration

☐ **I hereby declare that the above information is true and correct to the best of my knowledge, and all submitted bills and receipts are authentic.**

Claimant's Signature:	**Date:** YYYY-MM-DD

Submit Claim