

Health Insurance Claim Form (Sample) - Hospitalization

Filing a **health insurance claim** for hospitalization requires accurately completing the claim form with all necessary details. This sample form guides policyholders through providing essential information to ensure swift processing. Proper submission helps in timely reimbursement and reduces claim rejection risks.

1. Policyholder Information

Policy Number

Enter your policy number

Name of Policyholder

Enter full name

Contact Number

Enter contact number

Address

Enter current address

2. Patient Details

Name of Patient

Enter patient name

Relationship to Policyholder

Select relationship

Date of Birth

3. Hospitalization Details

Name of Hospital

Enter hospital name

Hospital Address

Enter hospital address

Date of Admission

Date of Discharge

Reason for Hospitalization

Describe illness/accident and treatment

4. Expenses & Claim Details

Expense Head	Amount (INR)
Room Charges	
Medication	
Consultation Fees	
Lab Tests	
Others	
Total Claimed	

5. Bank Details for Reimbursement

Account Holder's Name

Enter account holder name

Bank Name

Enter bank name

Account Number

Enter account number

IFSC Code

Enter IFSC code

6. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I authorize the insurer to obtain further information from the hospital if required.

Signature of Policyholder

Type full name as signature

Date**Submit Claim**

Note: Attach all supporting documents such as hospital bills, discharge summary, prescriptions, and ID proof when submitting the claim form.