

# 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	<div></div>
Medication	<div></div>
Consultation Fees	<div></div>
Lab Tests	<div></div>
Others	<div></div>
Total Claimed	<div></div>

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.