

Lost Medical Receipt Affidavit Sample for Insurance

When filing a claim, a **lost medical receipt affidavit** sample for insurance helps verify expenses without the original receipt. This affidavit serves as a formal declaration to support your reimbursement request. Ensure the affidavit is clear, concise, and accurately details the medical costs incurred.

Affidavit of Lost Medical Receipt

To: [Insurance Company's Name]

Subject: Affidavit of Lost Medical Receipt

Date: [Date]

I, [Your Full Name], residing at [Your Address], hereby declare under oath and affirm the following:

1. On [Date of Medical Service], I received medical treatment/services from [Doctor/Clinic/Hospital Name] located at [Provider's Address].
2. The total amount paid for the said medical service was [Amount Paid] on [Payment Date] by [Payment Method, e.g., cash/credit card].
3. I was issued a receipt for the above-mentioned expense. However, the original receipt has been misplaced/lost and is no longer in my possession despite diligent efforts to locate it.
4. I confirm that the expense was legitimate and solely for my personal medical treatment.
5. Attached are any available supporting documents (e.g., prescriptions, bank statements, discharge summary) that corroborate my claim.
6. This affidavit is executed to request reimbursement from [Insurance Company's Name] for the above-mentioned medical expense in the absence of the original receipt.

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that any false declarations may lead to denial of my claim and/or legal consequences.

[Your Signature]

[Your Printed Name]

[Date Signed]

Notarization: (if required by your insurer)

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public Signature & Seal