

Outpatient Treatment Claim Form

This **outpatient treatment claim form** sample provides a clear and concise template for employers to facilitate health policy reimbursements. It ensures accurate documentation of medical expenses for smooth processing of claims. Using this form helps streamline the reimbursement procedure and supports employee healthcare needs efficiently.

1. Employee Information

Employee Name	<input type="text" value="Enter employee's full name"/>
Employee ID	<input type="text" value="Enter employee ID"/>
Department	<input type="text" value="Enter department"/>
Contact Number	<input type="text" value="Phone number"/>

2. Patient Details (If different from Employee)

Patient Name	<input type="text" value="Enter patient's full name"/>
Relationship to Employee	<input type="text" value="e.g. Self/Spouse/Child"/>
Date of Birth	<input type="text"/>

3. Outpatient Treatment Details

Date of Consultation	<input type="text"/>
Name of Doctor/Clinic	<input type="text"/>
Diagnosis	<input type="text"/>
Treatment/Procedure	<input type="text"/>

4. Expense Details

Description	Date	Amount (\$)
e.g. Consultation fee	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount Claimed:		<input type="text"/>

Attach all original receipts/invoices with this claim form.

5. Declaration

I hereby declare that the above information is true and accurate, and that the expenses claimed have not been claimed previously.

I agree to provide additional documents if required for reimbursement processing.

Employee Signature	_____	Date	_____
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6. For Official Use Only

Reviewed By		Date	
Remarks			
Status	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected		