

Hospital Claim Form (Sample - Completed)

Patient Details			
Patient Name	John Smith	Patient ID	JP20238479
Date of Birth	1986-05-14	Gender	Male
Address	123 Main Street, Springfield, IL 62701		
Phone	(217) 555-0821	Insurance Policy #	HC45782943
Hospitalization Details			
Hospital Name	Springfield General Hospital	Hospital ID	SGH-1025
Admission Date	2024-03-12	Discharge Date	2024-03-14
Type of Admission	Emergency	Room Type	Private
Diagnosis & Treatment Details			
Primary Diagnosis	Acute Appendicitis	ICD-10 Code	K35.80
Secondary Diagnosis	Dehydration	ICD-10 Code	E86.0
Treatment Given	Laparoscopic appendectomy performed. IV fluids and antibiotics administered pre- and post-op.		
Claim Details			
Total Hospital Charges	\$7,600	Amount Claimed	\$7,600
Attending Physician	Dr. Emily Carter	Physician ID	EC-5941

Declaration: I hereby certify that the information provided above is true and accurate to the best of my knowledge.

Patient Signature:	_____	Date:	2024-03-14
Authorized Hospital Representative:	_____	Date:	2024-03-14