

Cashless Claim Form Sample for Surgery Coverage

Download our **cashless claim form sample** to simplify your surgery coverage process. This form ensures quick and hassle-free approval by providing all necessary details for cashless hospitalization. Use it to streamline your insurance claims and focus on recovery.

Cashless Surgery Claim Form (Sample)

Personal Information

Policy Number:

Name of Insured:

Date of Birth:

Contact Number:

Hospital Details

Hospital Name:

Address:

Date of Admission:

Expected Date of Discharge:

Surgery Details

Diagnosis:

Name of Surgery:

Date of Surgery:

Declaration

☐ I hereby declare that the information provided above is true and authentic to the best of my knowledge.

Signature:

Submit Claim Form