

# Health Benefit Claim Form Sample

## Outpatient Treatment

This **health benefit claim form sample** is designed specifically for outpatient treatment, ensuring accurate and efficient submission of medical expenses. It provides clear sections to detail the patient's information, treatment details, and incurred costs, facilitating a smooth reimbursement process. Using this form helps streamline the approval of outpatient health benefit claims with your insurance provider.

### 1. Patient Information

Full Name:

Date of Birth:

Policy/Member No.:

Contact Number:

### 2. Treatment Details

Diagnosis/Reason for Visit:

Date of Treatment:

Name of Hospital/Clinic:

Attending Physician:

### 3. Medical Expenses

Date	Description (Consultation, Lab Test, Medicine, etc.)	Amount (Currency)	Receipt Attached
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/>

### 4. Bank Details (for Reimbursement)

Account Holder's Name:

Bank Name:

Account Number:

## 5. Declaration & Signature

I hereby declare that the above information is true and correct to the best of my knowledge and that the expenses claimed were incurred for the medical treatment described above.

Signature:

Date:

[Submit Claim](#)