

Health Insurance Claim Form Sample with Doctor's Statement

Download our **health insurance claim form sample** complete with a doctor's statement to ensure accurate and timely processing of your medical reimbursements. This template simplifies the submission process by providing all necessary fields and a professional doctor's endorsement. Protect your health and finances by using this comprehensive form for your insurance claims.

1. Patient Information

Full Name:

Enter full name

Date of Birth:

Enter date of birth

Address:

Enter address

Contact Number:

Enter phone number

Insurance Policy Number:

Enter policy number

2. Treatment & Claim Details

Date of Treatment:

Enter date of treatment

Diagnosis:

Enter medical diagnosis

Treatment Description:

Describe treatment given

Itemized Expenses:

Description	Date	Amount (USD)
E.g., Consultation Fee		
E.g., Medication		

Total Amount Claimed (USD):

Enter total amount claimed

3. Declaration & Signature

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

Patient/Claimant Signature:

Type full name as signature

Date:

4. Doctor's Statement

Doctor's Name:

Medical License Number:

Clinic/Hospital Address:

Diagnosis Confirmation:

Doctor's statement and confirmation

Doctor's Signature:

Type full name as signature

Date:

Submit Claim