

# Detailed Health Claim Form for Surgery

This **detailed health claim form** sample for surgery simplifies the process of submitting medical expenses for reimbursement. It includes sections for patient information, surgical details, and itemized costs, ensuring accuracy and completeness. Using this form helps streamline insurance claims and reduces processing time.

Patient Information

Full Name:

Date of Birth:

Insurance Policy Number:

Contact Number:

Address:

Surgical Details

Hospital/Clinic Name:

Admission Date:

Discharge Date:

Surgeon's Name:

Type of Surgery:

Diagnosis:

Itemized Costs

Service/Item	Date	Description	Amount (USD)

Total Claimed Amount (USD):

**Supporting Documents**

Upload Bills, Reports, and Prescriptions:

Choose File

No file selected

**Declaration**

I declare that the information provided is accurate and all submitted expenses are genuine and supported by valid documents.

☐

I agree to the terms above

Date:

Submit Claim