

# Employee Medical Reimbursement Request Form Sample

This **employee medical reimbursement request form sample** streamlines the process of claiming medical expenses, ensuring accuracy and quick approval. It includes sections for personal information, medical details, and necessary attachments to facilitate efficient processing. Using this form helps employees receive timely reimbursements while maintaining clear documentation for the organization.

## 1. Personal Information

**Employee Name:**

**Employee ID:**

**Department:**

**Contact Number:**

**Email Address:**

## 2. Medical Expense Details

**Patient Name:**

(Self/dependent as covered in your policy) **Relationship to Employee:**

- Select -

**Date of Treatment:**

**Hospital/Clinic Name:**

**Description of Illness/Treatment:**

**Total Claim Amount (in USD):**

## 3. Attachments

**Upload Supporting Documents:**

No file selected

(Attach medical bills, prescriptions, discharge summary, etc.)

## 4. Bank Account Details

**Bank Name:**

**Account Number:**

**IFSC/SWIFT Code:**

## 5. Declaration

**I hereby declare that the above information is true and the expenses claimed have not been reimbursed previously.**