

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:

Choose File

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.

Submit Request