

Group Health Insurance Claim Form Sample

Understanding a **group health insurance claim form sample** helps simplify the process of submitting claims for medical expenses. This sample form outlines the necessary fields and documentation required to ensure accurate and timely reimbursement. Utilizing a clear example can enhance compliance and reduce errors during claim submission.

1. Member / Employee Details

Policy Number:

Employee Name:

Employee ID:

Contact Number:

Email:

2. Patient Details

Name:

Relationship with Employee:

Date of Birth:

Gender:

3. Hospitalization / Treatment Details

Hospital Name:

Admission Date: Discharge Date:

Nature of Illness / Injury:

Treatment Details:

4. Claim Details

Sl. No.	Description of Expenses	Amount (INR)
1	Hospital Bills	<input type="text"/>
2	Medicines	<input type="text"/>
3	Investigation/Tests	<input type="text"/>
4	Others (specify)	<input type="text"/>
Total Amount Claimed:		<input type="text"/>

5. Bank Details (for claim payment)

Account Holder Name:

Bank Name:

Account Number:

IFSC Code:

Branch:

6. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. All the supporting documents are enclosed.

Signature of Employee / Member:

Date:

Documents to be Attached

- Copy of Employee Medical ID Card
- Hospital Discharge Summary
- Original Bills, Receipts, and Prescriptions
- Investigation / Test Reports
- Cancelled Cheque (for bank validation)
- Any other relevant documents