

Health Claim Form Sample for Medical Reimbursement

Download a **health claim form sample** to simplify your medical reimbursement process. This template ensures all necessary information is captured for quick and accurate claim settlement. Use it to streamline your healthcare expense claims efficiently.

[Download Health Claim Form \(DOCX\)](#)

Sample Health Claim Form

1. Personal Information	
Insured Person's Name	<input type="text"/>
Policy Number	<input type="text"/>
Date of Birth	<input type="text"/>
Contact Number	<input type="text"/>
2. Claim Details	
Hospital/Clinic Name	<input type="text"/>
Hospitalization/Date of Treatment	<input type="text"/>
Total Amount Claimed	<input type="text"/>
Nature of Illness/Injury	<input type="text"/>
Consulting Doctor	<input type="text"/>
3. Bank Details for Reimbursement	
Bank Name	<input type="text"/>
Account Number	<input type="text"/>
IFSC Code	<input type="text"/>
4. Declaration	
I hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to provide any additional documents if required.	
Date	<input type="text"/>
Signature	<input type="text"/>

* Attach all relevant medical bills, prescriptions, and reports with this form.