Health Insurance Reimbursement Claim Form Sample

The **health insurance reimbursement claim form** sample helps policyholders accurately submit their medical expense claims for reimbursement. This form typically requires detailed information about the treatment, hospital, and expenses incurred. Using a standardized sample ensures faster processing and reduces errors in claim submission.

Policyholder Details

Policy Number: [_____]

Name: [_____]

Date of Birth: [_____]

Contact Number: [_____]

Email Address: [_____]

Treatment Details

Patient Name: [_____]

Hospital/Clinic Name: [_____]

Admission Date: [_____]

Discharge Date: [_____]

Diagnosis:

[_____]

Expenses Incurred

Total Amount Claimed: [_____]

Breakup of Expenses (attach bills/receipts):

[_____]

Declaration

I hereby declare that the information provided is true and the expenses were incurred as claimed above.

Date: [_____]

Signature: [_____]

[Submit Claim]