

Health Insurance Statement Form Sample

A **health insurance statement form** sample provides a clear record of medical expenses incurred, detailing the services rendered and the associated costs. This document is essential for both policyholders and insurers to verify claims and ensure accurate reimbursement. Utilizing a well-structured form helps streamline the health insurance claims process efficiently.

Policyholder Information

Name	_____
Policy Number	_____
Date of Birth	____/____/____
Contact Number	_____
Address	_____

Medical Expense Details

Date of Service	Provider/Facility	Description of Service	Amount Charged	Amount Covered	Amount Owed
____/____/____	_____	_____	\$ _____	\$ _____	\$ _____
____/____/____	_____	_____	\$ _____	\$ _____	\$ _____

Declaration

I hereby certify that the above information is accurate and all expenses listed have been incurred for necessary medical services.

Signature	_____	Date	____/____/____
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