

# Hospital Claim Form Sample

## Room Rent and Nursing Charges

This **hospital claim form** sample provides a detailed template to accurately document charges related to room rent and nursing services. It ensures clear communication between patients, hospitals, and insurance providers for efficient claim processing. Using this form helps streamline reimbursement and minimizes discrepancies in medical billing.

### 1. Patient Information

**Patient Name:**

**Patient ID / Registration No.:**

**Date of Admission:**

**Date of Discharge:**

**Insurance Policy Number:**

### 2. Hospital Details

**Hospital Name:**

**Hospital Address:**

### 3. Room Rent & Nursing Charges

Service Type	Duration (Days)	Rate per Day (â,¹)	Total Amount (â,¹)
Room Rent (Type: <input type="text" value="General/ICU"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nursing Charges	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 4. Total Claim Amount

**Total Amount Claimed (â,¹):**

### 5. Declaration

I hereby declare that the above statements are true and the charges claimed are as per the hospital records.

**Patient/Insured Signature:**  **Date:**

**6. Hospital Authorization****Authorizing Hospital Official:**  **Designation:****Signature & Stamp:** 

**Note:** Attach all supporting invoices, stay summary, and discharge papers with this claim form for smooth processing.