

Medical Claim Form - Outpatient Treatment

This **medical claim form sample** for outpatient treatment provides a clear template to accurately document patient information, diagnosis, and treatment details. It ensures efficient processing and reimbursement for outpatient medical services. Using this form helps streamline insurance claims and maintain organized records.

1. Patient Information			
Full Name	<input type="text"/>	Gender	<input type="text" value="Select"/>
Date of Birth	<input type="text"/>	Contact Number	<input type="text"/>
Insurance Policy No.	<input type="text"/>	Insured Name	<input type="text"/>
2. Hospital/Clinic Information			
Facility Name	<input type="text"/>		
Address	<input type="text"/>		
Physician Name	<input type="text"/>	Physician Contact	<input type="text"/>
3. Diagnosis & Treatment Details			
Diagnosis	<input type="text"/>		
Date of Treatment	<input type="text"/>	Treatment/Procedure	<input type="text"/>
Consultation Fee	<input type="text"/>	Medication Charges	<input type="text"/>
Other Charges	<input type="text"/>	Total Amount	<input type="text"/>
4. Declaration			
I declare that all the information provided is true and complete to the best of my knowledge.			
Patient Signature: <input type="text"/> Date: <input type="text"/>			