

Medical Expense Reimbursement Form

The **medical expense reimbursement form sample** provides a clear template to claim expenses incurred for medical treatments and services. It ensures accurate documentation for efficient processing and approval by insurance companies or employers. Using this form helps streamline the reimbursement process, saving time and reducing errors.

Employee/Claimant Information

Name	_____	Employee ID	_____
Department	_____	Contact Number	_____
Email	_____		

Patient Information (If different from Employee)

Patient Name	_____	Relationship	_____
Date of Birth	_____	Insurance Policy No.	_____

Medical Expense Details

Date of Service	Provider/Hospital Name	Description of Service	Amount Claimed (\$)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Amount Claimed			_____

Attachments

- Original receipts/invoices
- Doctor's prescriptions (if applicable)
- Insurance documents (if applicable)
- Other relevant supporting documents

Employee/Claimant Signature: _____

Date: _____

For Office Use Only

Received By	_____	Date Received	_____
Processed By	_____	Date Processed	_____
Approval Status	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Remarks	_____		