

Step-by-Step Surgical Claim Form Sample

This **step-by-step surgical claim form sample** provides patients with a clear and organized template to accurately complete their insurance claims. It ensures all necessary information is included, streamlining the reimbursement process. Following this guide helps patients avoid common errors and delays.

1. Patient Information

Full Name:

Enter your full name

Date of Birth:**Address:**

Street, City, State, ZIP

Phone Number:

(XXX) XXX-XXXX

Email Address:

you@email.com

2. Insurance Information

Insurance Company:

Insurance Provider Name

Policy Number:

Policy / Member Number

Group Number (if applicable):

Group Number

3. Surgery Details

Surgical Procedure:

e.g., Appendectomy

Date of Surgery:**Hospital/Facility Name:**

Hospital or Clinic Name

Physician/Surgeon Name:

Doctor's Full Name

4. Claim Information

Diagnosis (ICD Code):

e.g., K35.80

Total Charges:

USD

Attach Supporting Documents:

(e.g., itemized bills, surgery report, proof of payment, discharge summary)

No file selected

5. Patient Certification and Signature



I certify that the above information is true and that the submitted documents are accurate and complete.

Patient Signature:

Type your name

Date:

Instructions

- Review your form for accuracy and completeness.
- Include all necessary supporting documents.
- Submit the completed claim form to your insurance provider as per their guidelines (mail, portal, in-person).