

Hospitalization Claim Form Sample with Doctor's Certification

Download the **hospitalization claim form** sample complete with doctor's certification to ensure smooth processing of your medical insurance claims. This form provides all necessary sections for patient details, treatment information, and official medical endorsement. Using a standardized form helps facilitate accurate and timely reimbursement from your insurer.

Hospitalization Claim Form

Patient Details

Full Name:

Date of Birth:

Policy Number:

Contact Number:

Hospital & Admission Details

Hospital Name:

Date of Admission:

Date of Discharge:

Treatment Information

Diagnosis:

Treatment Provided:

Doctor's Certification

I hereby certify that the above information is correct and that I have attended to the patient as per the hospital records and provided truthful details.

Doctor's Name:

Medical Registration Number:

Doctor's Signature:

Date:

Submit Claim