

Outpatient Claim Form Sample for Private Hospital

Download our **outpatient claim form sample** designed specifically for private hospitals to simplify your insurance reimbursement process. This form ensures all necessary patient and treatment details are accurately captured for faster claim approval. Use it to streamline your documentation and avoid common errors in outpatient claims.

Outpatient Claim Form

Patient Information

Full Name:

Date of Birth:

Gender:

--Select--

Insurance Policy Number:

Contact Number:

Treatment Details

Hospital Name:

Date of Treatment:

Diagnosis:

Description of Treatment:

Treating Doctor's Name:

Claim Information

Bill/Invoice Number:

Total Claimed Amount (in local currency):

Mode of Payment:

--Select--

Attachments

- ☐ OPD Bill
- ☐ Medical Report/Prescription
- ☐ Patient ID Proof

Submit Claim