

Outpatient Physiotherapy Claim Form Sample Example

Download this **Outpatient physiotherapy claim form sample example** to streamline the reimbursement process for your therapy sessions. This form ensures accurate documentation of treatments and costs for efficient insurance claims. Use it as a reference to avoid common errors and expedite your claim approval.

Outpatient Physiotherapy Claim Form

Patient Information

Full Name:

Date of Birth:

Policy Number:

Contact Number:

Treatment Details

Clinic/Provider Name:

Date(s) of Treatment:

e.g., 2024-06-01 to 2024

Diagnosis/Reason for Treatment:

Treatment(s) Received:

Expense Details

Total Cost (in USD):

Upload Receipt(s):

Choose File

No file selected

Bank Details (For Reimbursement)

Bank Name:

Account Number:

IFSC Code / Bank Code:

☐ I hereby declare that the information provided is true and complete.

Submit Claim