

Cashless Claim Form Sample with Annexures

Download the **cashless claim form sample** with annexures to streamline your insurance reimbursement process. This comprehensive template includes all necessary attachments for a hassle-free claim submission. Ensure accuracy and completeness by using this ready-to-use form.

Cashless Claim Request Form

Policy Holder Details

Policy Number:

Policy Holder Name:

Date of Admission:

Hospital Name:

Patient Details

Patient Name:

Date of Birth:

Relationship with Policy Holder:

Claim Details

Nature of Illness / Disease:

Treating Doctor Name:

Claim Amount (INR):

Bank Details

Bank Name:

Account Number:

IFSC Code:

Submit Claim

Annexures

- Annexure A:** Copy of health insurance card/policy bond
- Annexure B:** Photo ID & address proof of policyholder
- Annexure C:** Hospital admission and discharge summary
- Annexure D:** All original medical bills and payment receipts
- Annexure E:** Investigation/reports (if any)
- Annexure F:** KYC documents

[Download Sample Cashless Claim Form \(PDF\)](#)