

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:	<input type="text"/>
Policy Holder Name:	<input type="text"/>
Date of Admission:	<input type="text"/>
Hospital Name:	<input type="text"/>
Patient Details	
Patient Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Relationship with Policy Holder:	<input type="text"/>
Claim Details	
Nature of Illness / Disease:	<input type="text"/>
Treating Doctor Name:	<input type="text"/>
Claim Amount (INR):	<input type="text"/>
Bank Details	
Bank Name:	<input type="text"/>
Account Number:	<input type="text"/>
IFSC Code:	<input type="text"/>
<input type="button" value="Submit Claim"/>	

Annexures

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

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