

Critical Illness Claim Form Sample (Kidney Failure)

Download our **critical illness claim form sample** specifically designed for kidney failure cases to ensure accurate and prompt processing. This template guides you through the essential documentation required to support your insurance claim effectively. Use it to streamline claims and receive timely benefits during difficult times.

Claimant Details

Policy Number:

Full Name:

Date of Birth:

Address:

Contact Number:

Claim Information

Diagnosis Date (Kidney Failure):

Current Treatment (e.g., Dialysis, Transplant):

Hospital Name:

Attending Physician's Name:

Upload Medical Reports:

Choose File

No file selected

Declaration and Consent

I declare that the information provided above is accurate and complete to the best of my knowledge. I authorize the insurer to obtain further medical information if required to process the claim.

Signature:

Date:

Required Attachments

- Copy of policyholder's identification
- Certified medical report of kidney failure diagnosis
- Recent hospital/medical bills
- Attending physician's statement
- Relevant test/laboratory results

This is a sample document for reference purposes only. Please check with your insurance provider for their specific claim requirements and use their official form when submitting your claim.