

Hospitalization Claim Form for Cashless Treatment

This **hospitalization claim form** sample simplifies the process of requesting cashless treatment, ensuring quick and hassle-free approval. It guides patients through providing necessary details like personal information, hospital details, and nature of illness. Using this form helps streamline insurance claims for timely medical care without upfront payments.

1. Patient Information

Full Name:

Date of Birth:

Gender:

--Select--

Contact Number:

Insurance Policy Number:

2. Hospital Details

Hospital Name:

Admission Date:

Attending Doctor's Name:

Hospital Contact Number:

3. Illness Details

Nature of Illness / Injury:

Treatment Proposed:

Estimated Expense:

☐ I hereby declare that the above information is true and request cashless treatment as per policy terms.

Submit Claim