

# Medical Claim Form Sample in Excel Format

Download the **medical claim form sample** in Excel format to simplify your insurance reimbursement process. This easy-to-use template ensures accurate entry of patient details, treatment information, and costs. Save time and avoid errors with this well-structured, customizable form.

Patient Information		
Full Name	Date of Birth	
Contact Number	Policy Number	
Address		
Treatment Information		
Date of Treatment	Hospital/Clinic Name	
Disease/Diagnosis		
Treatment Details		
Treatment Provided	Doctor's Name	
Treatment Cost	Other Charges	
Total Amount Claimed	Date Submitted	
Claimant Signature	Date	

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