

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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