

Medical Declaration Form Sample for Insurance Claim

A **medical declaration form** sample is essential for accurately reporting health information when filing an insurance claim. It ensures all necessary medical details are disclosed to facilitate prompt and accurate processing. Proper completion of this form helps in avoiding delays or disputes in insurance settlements.

1. Personal Information

Full Name:

Date of Birth:

Insurance Policy Number:

Contact Number:

2. Medical Information

Describe your medical condition:

Date of Diagnosis:

Treatment(s) Received:

Treating Doctor/Physician Name & Contact:

3. Medical History Disclosure

Any previous or pre-existing medical conditions? (Please specify):

Current medications (if any):

4. Declaration

I hereby declare that the above information is true and correct to the best of my knowledge. I understand that any non-disclosure or misrepresentation may result in denial of my insurance claim.

Date:

Signature:

Type your full name as signature

Submit