

# Sample Completed Health Claim Form for Hospitalization

This **sample completed health claim form** for hospitalization provides a clear example of how to accurately fill out all required fields to ensure timely processing. It includes essential details such as patient information, hospital charges, and supporting documents. Using this sample can help avoid common mistakes and expedite the claim approval.

1. Patient Information			
Full Name	Jane Doe	Patient ID	123456789
Date of Birth	1986-02-14	Gender	Female
Phone Number	555-123-4567	Email Address	janedoe@email.com
Address	123 Maple Street, Springfield, XY 12345		
2. Policy Information			
Policy Number	POL-987654321	Group Number	GRP-56321
3. Hospitalization Details			
Admission Date	2024-05-10	Discharge Date	2024-05-15
Reason for Hospitalization	Acute Appendicitis → Laparoscopic Appendectomy		
Hospital Name	Springfield General Hospital		
4. Hospital Charges			
Description	Date	Amount (USD)	
Room Charges	2024-05-10 to 2024-05-15	\$1,200.00	
Surgery Fee	2024-05-11	\$2,500.00	
Medicines & Consumables	2024-05-10 to 2024-05-15	\$530.00	
Diagnostics	2024-05-10	\$250.00	
<b>Total</b>		<b>\$4,480.00</b>	
5. Supporting Documents Attached			
<ul style="list-style-type: none"><li>Hospital Discharge Summary</li><li>Detailed Final Bill</li><li>Prescriptions</li><li>Investigation/Diagnostic Reports</li><li>Copy of Health Insurance Card</li><li>Photo ID Proof</li></ul>			
6. Declaration			
I hereby declare that the information provided above is true and correct, and the claim is made as per the terms and conditions of the policy.			
<b>Signature:</b> Jane Doe <b>Date:</b> 2024-05-16			