

Filled Health Insurance Claim Form Sample for Cancer Treatment

Download our **filled health insurance claim form sample** to simplify the process of filing a claim for cancer treatment. This sample ensures all necessary information is accurately provided, speeding up your reimbursement. Use it as a reliable reference to avoid common errors in claim submission.

Sample Filled Health Insurance Claim Form

1. Personal Information

Patient Name: Anjali Mehra

Date of Birth: 1980-04-14

Gender: Female

Policy Number: HI-12345678

Contact Number: +91-9876543210

Email Address: anjali.mehra@email.com

Address: 123, Green Avenue,
New Delhi - 110001

2. Hospital & Treatment Information

Hospital Name: Apollo Hospital

Date of Admission: 2024-05-18

Date of Discharge: 2024-05-29

Diagnosis: Breast Cancer - Stage II

Treatment Details: Chemotherapy sessions, surgery,

3. Claim Details

Total Hospital Bill (INR): ₹12,90,000

Advance Paid (INR): ₹50,000

Amount Claimed (INR): ₹12,40,000

Bill Numbers Attached: BIL12345, BIL12346

4. Bank Account Details for Reimbursement

Account Holder Name: Anjali Mehra

Bank Name: State Bank of India

Account Number: 20123456789

IFSC Code: SBIN0001234

Branch Address: SBI, Connaught Place,
New Delhi

5. Supporting Documents Checklist

- Discharge Summary
- Original Hospital Bill
- Payment Receipts
- Doctor's Prescription
- Investigation Reports
- Copy of Insurance Policy

6. Declaration & Signature

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature:

Date:

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