

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):

â, '2,90,000

Advance Paid (INR):

â, '50,000

Amount Claimed (INR):

â, '2,40,000

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

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Discharge Summary

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Original Hospital Bill

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Payment Receipts

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Doctor's Prescription

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Investigation Reports

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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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