

Filled Maternity Claim Form Sample PDF

Download a **filled maternity claim form sample PDF** to understand the correct way to complete your maternity insurance claim. This sample provides a clear example of all necessary fields and documentation required for a smooth claim process. Use it as a reference to avoid errors and expedite approval.

Sample Form Preview

Field	Sample Entry
Policy Number	POL123456789
Policyholder Name	Jane Doe
Patient Name	Jane Doe
Date of Admission	2024-03-10
Date of Discharge	2024-03-13
Hospital Name	City Health Hospital
Maternity Type	Normal Delivery
Total Claimed Amount	\$2,500.00
Bank Account Details	Jane Doe, 1234567890, ABC Bank
Signature	Jane Doe
Date	2024-03-14

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Guidelines

- Fill all mandatory fields accurately.
- Attach required documents: hospital bills, discharge summary, doctor's certificate, etc.
- Double-check your policy details before submission.
- Sign and date the form before submitting.