

Health Insurance Claim Form Sample

Download our comprehensive **health insurance claim form sample** to streamline your reimbursement process. This template includes a checklist of essential supporting documents to ensure a smooth and successful claim submission. Simplify your health insurance paperwork and get reimbursed faster with our easy-to-use form.

[↓ Download Sample Claim Form \(PDF\)](#)

Sample Health Insurance Claim Form

Personal Details	
Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Policy Number:	<input type="text"/>
Contact Number:	<input type="text"/>

Hospitalization Details	
Name of Hospital:	<input type="text"/>
Date of Admission:	<input type="text"/>
Date of Discharge:	<input type="text"/>
Diagnosis/Reason for Hospitalization:	<input type="text"/>

Claim Details	
Total Amount Claimed:	<input type="text" value="e.g. \$2,450.00"/>
Account Holder Name:	<input type="text"/>
Bank Account Number:	<input type="text"/>
IFSC/Swift Code:	<input type="text"/>

Checklist of Essential Supporting Documents

- Filled health insurance claim form (original)
- Copy of health insurance policy/certificate
- Hospital discharge summary (original or attested copy)
- Hospital bills and receipts (originals)
- Doctor's prescription for hospitalization or surgeries
- Investigation/diagnostic reports (e.g., X-ray, MRI, blood tests)
- Copy of government-issued ID proof
- Cancelled cheque/bank passbook for account verification
- Any other relevant medical documents

Note: Always verify specific requirements with your insurer as they may vary.

