

Download and complete our **hospital cash benefit claim form** sample to easily file your insurance claim. This form simplifies the reimbursement process for your hospital stays and related expenses. Ensure all required details are accurately filled to avoid delays in your claim settlement.

Hospital Cash Benefit Claim Form

Policy Number	
Name of Policyholder	
Date of Birth	
Contact Number	
Email Address	
Address	
Hospital Name	
Hospital Address	
Admission Date	
Discharge Date	
Reason for Hospitalization	
Daily Cash Benefit Claimed For (# of Days)	
Supporting Documents Checklist	<input type="checkbox"/> Discharge Summary <input type="checkbox"/> Hospital Final Bill <input type="checkbox"/> ID Proof <input type="checkbox"/> Policy Copy
Declaration	I hereby declare that the details submitted above are true and complete to the best of my knowledge. Signature: _____ Date: _____