

Maternity Reimbursement Claim Form

(Sample Format for Private Hospital)

Download our **maternity reimbursement claim form** sample designed specifically for private hospitals to ensure a hassle-free submission process. This template helps you accurately document all necessary medical and personal details for timely reimbursement. Simplify your claims with our easy-to-use and comprehensive form sample.

1. Policyholder Details

Policy Number	<input type="text"/>
Policyholder's Name	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>
Address	<input type="text"/>

2. Patient Details

Patient's Name	<input type="text"/>
Relationship to Policyholder	<input type="text" value="--Select--"/>
Date of Birth	<input type="text"/>

3. Hospital Details

Hospital Name	<input type="text"/>
Hospital Address	<input type="text"/>
Date of Admission	<input type="text"/>
Date of Discharge	<input type="text"/>
Attending Physician/Doctor	<input type="text"/>

4. Claim Details

Nature of Treatment	<input type="text" value="e.g., Normal delivery/C-Section"/>
Total Amount Claimed (â‚¹)	<input type="text"/>
Bank Details for Reimbursement	<input type="text" value="Bank Name, Branch, A/C No., IFSC"/>

5. Checklist of Attachments

- Copy of Insurance Policy

- Hospital Discharge Summary
- Hospital & Pharmacy Bills (Original/Copy)
- Doctor's Prescriptions
- Bank Passbook/Cheque Copy
- Valid Government Photo ID
- Any other supporting documents

6. Declaration

I hereby declare that the statements and information provided above are true and correct to the best of my knowledge and belief. I authorize the insurance company to obtain further information from the hospital as necessary.

Place:	<input type="text"/>	Date:	<input type="text"/>
Signature of Policyholder:	<input type="text"/>		

Submit