

Medical Expense Reimbursement Receipt Form

This **Medical expense reimbursement receipt form** sample provides a clear and organized template for documenting medical costs incurred. It ensures accurate record-keeping for insurance claims or employer reimbursements. Use this form to simplify the process of submitting and verifying healthcare expenses efficiently.

1. Employee/Claimant Information

Name	
Employee/Member ID	
Department/Division	
Contact Number	
Email Address	

2. Patient Information (if different from above)

Patient Name	
Relationship to Employee	
Date of Birth	

3. Medical Expense Details

Date of Service	Provider Name/Facility	Description of Service	Amount Paid
Total Amount:			

(Attach original receipts and invoices)

4. Reimbursement Information

Requested Reimbursement Amount	
Payable To (Name/Bank)	
Account Number / Payment Details	

5. Declaration

I hereby certify that the above information is true and correct.

The expenses listed have not been reimbursed previously and are not covered by any other insurance or benefit plan.

Date: _____ Signature: _____

For office use only: Approved / Rejected - Date Processed: _____