

Overseas Medical Reimbursement Claim Form Sample

The **overseas medical reimbursement claim form** sample provides a clear template for submitting medical expenses incurred abroad. It ensures that travelers can efficiently document and claim their healthcare costs from insurance providers. Using a standardized form helps streamline the reimbursement process and avoid delays.

1. Personal Details

Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Passport Number:	<input type="text"/>
Contact Number:	<input type="text"/>
Email Address:	<input type="text"/>
Insurance Policy Number:	<input type="text"/>

2. Details of Treatment

Date(s) of Treatment:	<input type="text"/> to <input type="text"/>
Country of Treatment:	<input type="text"/>
Name of Hospital/Clinic:	<input type="text"/>
Reason for Treatment:	<input type="text"/>
Attending Physician:	<input type="text"/>

3. Expense Details

Date	Description of Service	Provider	Currency	Amount Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Bank Details for Reimbursement

Account Holder's Name:	<input type="text"/>
Bank Name:	<input type="text"/>
Account Number / IBAN:	<input type="text"/>
SWIFT/BIC Code:	<input type="text"/>

5. Declaration

☐ I hereby declare that the information provided is true, and the original receipts are attached.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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Note: Please attach all original receipts, medical reports, and a copy of your passport and insurance policy. Incomplete forms or missing documents may cause delays in processing your reimbursement claim.

