Health Insurance Claim Form Sample for Hospitalization

Filling out a **health insurance claim form** for hospitalization is essential to ensure timely reimbursement of medical expenses. This sample form provides a clear guide to accurately document patient details, treatment information, and hospital charges. Using the correct format minimizes errors and speeds up the claim approval process.

A. Policyholder Information

Policyholder Name		**Policy Number**	
Date of Birth		**Contact Number**	
Email Address			

B. Patient Information

Patient Name		**Relationship to Policyholder**	Select
Patient ID (if any)		**Gender**	Select

C. Hospitalization Details

Hospital Name		**Hospital Address**	
Date of Admission		**Date of Discharge**	
Reason for Hospitalization			

D. Treatment Information

Name of Attending Physician		**Doctor's Registration No.**	
Diagnosis			
Treatment Details			

E. Hospital Charges Summary

Room Rent	USD	**ICU Charges**	USD
Operation Charges	USD	**Medicine/Pharmacy**	USD
Investigation Charges	USD	**Other Charges**	USD
Total Amount Claimed	USD		

F. Bank Account Details (for reimbursement)

Bank Name		**Account Holder Name**	
Account Number		**IFSC/SWIFT Code**	

G. Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge. I authorize the insurance company to gather and verify information relevant to this claim.

Signature of Policyholder		**Date**	

Submit Claim