

Health Insurance Claim Form â€“ International Travel

Preparing a **health insurance claim form** sample for international travel ensures you have the necessary documentation to request reimbursement efficiently. This form typically includes details about your medical expenses incurred abroad and personal information. Having a clear and accurate sample helps streamline the claim process and avoid delays.

Section 1: Personal Information

Full Name	_____
Date of Birth	____ / ____ / ____
Policy Number	_____
Email Address	_____
Contact Number	_____
Permanent Address	_____

Section 2: Travel Details

Country Visited	_____
Travel Dates	From: ____ / ____ / ____ To: ____ / ____ / ____
Purpose of Travel	_____

Section 3: Details of Illness or Injury

Date of Incident	____ / ____ / ____
Description of Illness/Injury	_____
Date First Consulted	____ / ____ / ____
Name & Address of Medical Provider	_____

Section 4: Medical Expenses

Service Received	Date	Provider	Amount (Currency)
_____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	_____	_____

Section 5: Payment & Bank Details

Bank Name	_____
Account Name/Number	_____
SWIFT/BIC Code	_____

Bank Address	_____
---------------------	-------

Section 6: Declaration & Signature

I declare that the above information is true and complete to the best of my knowledge. I authorize the insurer to obtain necessary information from the medical provider(s).

Signature	_____
Date	____ / ____ / ____

Please attach original medical invoices, receipts, and relevant supporting documents.