

Health Insurance Claim Form Sample - Outpatient Services

Download our **health insurance claim form sample** specifically designed for outpatient services to simplify your reimbursement process. This template ensures all necessary information is accurately captured for a smooth claim submission. Use it to avoid delays and expedite your insurance approval.

Personal Information

Policy Number:

Name of Insured:

Date of Birth:

Contact Number:

Healthcare Provider Information

Provider/Hospital Name:

Provider/Hospital Address:

Provider/Hospital Contact:

Outpatient Service Details

Date of Service:

Diagnosis:

Procedure/Treatment Details:

Total Charges:

Bank Details (for Reimbursement)

Account Holder Name:

Account Number:

Bank Name:

IFSC/SWIFT Code:

Declaration

I hereby declare that the above information is true and correct to the best of my knowledge. I authorize the insurance company to obtain any medical information needed for processing this claim.

Signature:

Date:

Submit Claim