

Health Insurance Claim Form Sample for Surgery Expenses

A **health insurance claim form** sample for surgery expenses helps policyholders accurately report medical costs to their insurance provider. This form ensures all necessary details, such as surgery date, hospital charges, and patient information, are clearly documented. Proper completion of the form facilitates quicker reimbursement and smooth claim processing.

Patient & Policy Details

Patient Name:

Policy Number:

Date of Birth:

Contact Number:

Surgery Details

Hospital Name:

Type of Surgery:

Date of Surgery:

Date of Admission:

Date of Discharge:

Expense Details

Total Hospital Charges (USD):

Doctor's Fees (USD):

Other Expenses (USD):

Declaration

I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature:

Date:

Submit Claim