Medical Claim Form Sample

Download a medical claim form sample to easily submit your insurance requests along with all necessary supporting documents. Ensuring accurate and complete documentation speeds up the processing of your medical claims. Use this sample to understand the required fields and attachments for successful reimbursement.

> **Note:** Please fill all fields accurately and attach required supporting documents to avoid processing delays.

Section 1: Patient Details

Full Name	_____
Date of Birth	____/____/_____
Insurance Policy Number	_____
Contact Number	_____

Section 2: Hospital / Clinic Information

Facility Name	_____
Admission Date	____/____/_____
Discharge Date	____/____/_____
Treating Physician	_____

Section 3: Claim Details

Date of Expense	____/____/_____
Diagnosis / Reason for Claim	_____
Total Expense Claimed	$_____
Payment Method	□ Cash □ Card □ Cheque □ Other

Section 4: Declaration & Signature

Patient / Guardian Name	_____
Date	____/____/_____
Signature	_____

Required Supporting Documents

1. Copy of valid Insurance Card / Policy document
2. Original final hospital bills and receipts
3. Detailed discharge summary or treatment reports
4. Doctor's prescription and investigation reports

5. Photo ID proof of the claimant
6. Any pre-authorization approval letter (if applicable)

Please reviewthe insurance provider's checklist for additional requirements.