Medical Statement Template for Insurance Claim

Use this **medical statement template** to streamline your insurance claim process with clear and accurate documentation. It ensures all essential medical details are presented professionally for swift claim approval. Simplify your claim submissions and avoid delays with this comprehensive template.

Patient Information

Full Name	_____
Date of Birth	_____ / _____ / _____
Gender	Male Female Other
Contact Number	_____
Address	_____
Insurance Policy Number	_____

Medical Details

Date of Diagnosis	_____ / _____ / _____
Nature of Illness/Injury	_____
Symptoms Presented	_____
Diagnosis (with ICD code, if applicable)	_____
Treatment Provided	_____
Follow-up Appointment	_____ / _____ / _____
Prescribed Medications	_____
Hospitalization Required?	Yes No

Physician's Statement

Name of Physician	_____
Medical License Number	_____
Clinic/Hospital	_____
Contact Number	_____
Physician's Remarks	_____

Declaration

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

Patient's Signature: _____   **Date:** _____
Physician's Signature: _____   **Date:** _____