

Sample Outpatient Claim Form for Dependent Family Members

This **sample outpatient claim form** simplifies the process for submitting medical expenses for dependent family members. It ensures that all necessary details are accurately recorded for smooth claim approval. Utilize this form to streamline your healthcare reimbursements efficiently.

1. Employee Details

Employee Name:	<input type="text"/>
Employee ID:	<input type="text"/>
Department:	<input type="text"/>

2. Dependent Details

Dependent Name:	<input type="text"/>
Relationship:	<div>--Select--</div>
Date of Birth:	<input type="text"/>

3. Medical Treatment Details

Date of Visit	Clinic/Hospital Name	Doctor's Name	Diagnosis	Claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Account Details for Reimbursement

Bank Name:	<input type="text"/>
Account Number:	<input type="text"/>
IFSC/Swift Code:	<input type="text"/>

5. Declarations & Attachments

☐ I declare that the details provided are accurate and all attached documents are genuine.

Attach Required Documents (Bills, Prescriptions, Reports):

Choose File

No file selected

Submit Claim