

# Simple Health Claim Form for Employees

This **simple health claim form** sample is designed for employees to easily submit their medical expenses for reimbursement. It includes basic fields such as personal details, treatment information, and claim amount to ensure a smooth and efficient process. Using this form helps streamline health benefit claims within the organization.

Personal Details

Full Name

Employee ID

Department

Contact Number

Treatment Information

Date of Treatment

Healthcare Provider / Hospital Name

Diagnosis / Reason for Treatment

Claim Details

Claim Amount (in USD)

Attach Supporting Documents

Choose File

No file selected

Please upload receipts or medical bills.

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I hereby declare that the information provided is true and correct.

Submit Claim