

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 <input type="text"/>	
Employee ID <input type="text"/>	
Department <input type="text"/>	
Contact Number <input type="text"/>	
Treatment Information	
Date of Treatment <input type="text"/>	
Healthcare Provider / Hospital Name <input type="text"/>	
Diagnosis / Reason for Treatment <input type="text"/>	
Claim Details	
Claim Amount (in USD) <input type="text"/>	
Attach Supporting Documents <input type="button" value="Choose File"/> No file selected	
Please upload receipts or medical bills.	



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

Submit Claim