

Cashless Claim Form - Mediclaim Policy

Download a **cashless claim form** sample for your mediclaim policy to streamline the approval process. This form helps policyholders avail cashless treatment at network hospitals without upfront payment. Ensure all required details are accurately filled to avoid claim delays.

1. Policyholder Details

Policy Number	<input type="text"/>
Policyholder Name	<input type="text"/>
Contact Number	<input type="text"/>
Email ID	<input type="text"/>
Address	<input type="text"/>

2. Patient Details

Patient Name	<input type="text"/>
Relationship with Policyholder	<input type="text" value="--Select--"/>
Gender	<input type="text" value="--Select--"/>
Date of Birth	<input type="text"/>

3. Hospital Details

Hospital Name	<input type="text"/>
Hospital Address	<input type="text"/>
Hospital Registration No.	<input type="text"/>
Date of Admission	<input type="text"/>
Expected Date of Discharge	<input type="text"/>
Nature of Illness/Disease	<input type="text"/>
Proposed Treatment	<input type="text"/>

4. Declaration & Authorisation

I hereby declare that the information provided is true and correct to the best of my knowledge and belief. I authorise the hospital and the insurance company to exchange relevant information required to process this claim.

Date	<input type="text"/>
Signature of Policyholder	<input type="text"/>

Submit