

Health Insurance Claim Form Sample for Maternity Coverage

The **health insurance claim form** for maternity coverage simplifies the reimbursement process by outlining essential details for childbirth-related expenses. This sample form helps policyholders provide accurate information, ensuring timely claim approval. Understanding its structure can significantly ease maternity benefit claims.

1. Policyholder Details

Policy Number

Policyholder Name

Contact Number

Email Address

2. Patient Information

Patient Name

Relationship to Policyholder

Date of Birth

Gender

3. Hospitalization Details

Hospital Name

Date of Admission

Date of Discharge

Diagnosis / Reason for Hospitalization**4. Claim Details****Type of Expense** Select **Total Amount Claimed (INR)****Bills/Receipts Details** Bill numbers, dates, amounts, etc.**5. Declaration**

I hereby declare that the information provided above is true and correct to the best of my knowledge. I authorize the insurance company to verify the information and process my claim.

Date**Signature** (Type your name)**Submit Claim**