

# Hospital Cashless Claim Form Sample

## For Private Hospitals

Download our **hospital cashless claim form sample** designed specifically for private hospitals to ensure a quick and hassle-free reimbursement process. This sample form includes all necessary details required to facilitate smooth claim approval. Easily fill out and submit the form for prompt service and support during your hospital stay.

### 1. Patient Details

Patient Name:

Date of Birth:

Gender:

-- Select --

Policy Number:

Name of Insured (if different):

Relationship to Insured:

### 2. Hospital Details

Hospital Name:

Hospital Address:

Date of Admission:

Expected Date of Discharge:

Room Category:

-- Select --

### 3. Diagnosis & Treatment

Provisional Diagnosis:

Proposed Treatment:

Treating Physician Name:

Physician Contact Number:

## 4. Claim Details

Estimated Expenses (INR):

Advance Paid (if any):

Type of Hospitalization:

## 5. Declarations



I hereby declare that the above information is true and correct to the best of my knowledge.

Applicant's Signature:

Date:

Submit Claim