Hospitalization Claim Form (Sample)

Download the **hospitalization claim form** sample that includes detailed sections for surgery information, ensuring accurate and complete filing. This form helps streamline the claim process by capturing all necessary medical and procedural details. Use it to facilitate quick approval and reimbursement for your hospitalization expenses.

1. Policyholder Details

Policy Number:	
Name of Insured:	
Contact Number:	
Address:	

2. Patient Details

Patient Name:	
Relation to Policyholder:	Self ▾
Date of Birth:	
Gender:	Male ▾

3. Hospitalization Details

Hospital Name:	
Date of Admission:	
Date of Discharge:	
Diagnosis:	

4. Surgery Details

Type of Surgery:	
Date of Surgery:	
Name of Surgeon:	
Surgical Procedure Description:	
Anesthetist Name:	
Duration of Operation:	e.g., 2 hours

Postoperative Complications:	

5. Expenses Summary

Expense Type	Amount (INR/USD)
Room Charges	
Surgery Charges	
Medicines	
Diagnostics	
Other (specify)	
Total Claimed Amount	

6. Declaration

☐ I hereby declare that the above information is true and correct to the best of my knowledge. All relevant documents are attached for processing the claim.

Signature of Policyholder:	
Date:	

Note: Please attach hospital bills, surgeon's report, discharge summary, and all supporting documents.

Submit   Reset