

OPD Expense Reimbursement Claim Form

The **OPD expense reimbursement claim form** sample helps patients submit their outpatient medical expenses for refund efficiently. It includes essential fields to document treatment details and incurred costs. Using this form ensures a smooth and transparent reimbursement process.

Employee/Patient Details

Full Name:

Employee ID (if applicable):

Relation to Employee:

Contact Number:

Treatment Details

Hospital/Clinic Name:

Doctor's Name:

Date of Treatment:

Diagnosis/Reason for Visit:

Expense Details

Date	Expense Type	Description	Amount (â‚¹)
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>

Amount Claimed

Total Amount Claimed (â‚¹):

Bank Details (for Reimbursement)

Bank Name:

Account Number:

IFSC Code:

Declaration

I hereby declare that the information provided above is true and all relevant bills and prescriptions are attached for reimbursement claim.

Signature:

Date:

Submit Claim