

Sample Surgical Claim Form

For Cashless Settlement

This **sample surgical claim form** facilitates smooth cashless settlement for medical procedures, ensuring prompt processing and reimbursement. It helps hospitals and patients streamline the claim submission process with all necessary details included. Using this form reduces paperwork and speeds up approvals for surgical expenses covered under insurance policies.

A. Patient & Insurance Details

Policy Number	<input type="text"/>	Insurance Company	<input type="text"/>
Patient Name	<input type="text"/>	Patient ID	<input type="text"/>
Date of Birth	<input type="text"/>	Gender	<div>Male</div>

B. Hospital Details

Hospital Name	<input type="text"/>		
Admission Date	<input type="text"/>	Discharge Date	<input type="text"/>
Hospitalization Type	<div><input type="checkbox"/> Planned <input type="checkbox"/> Emergency</div>		

C. Surgical Details

Primary Diagnosis	<input type="text"/>		
Surgery/Procedure Name	<input type="text"/>	Surgery Date	<input type="text"/>
Consultant/Surgeon Name	<input type="text"/>		

D. Claim Details

Claim Amount (INR)	<input type="text"/>	Is Pre-approval Attached?	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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E. Declarations

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

☐ I authorize my hospital/insurer to seek necessary medical information from the treating doctor/medical institution.

Patient Signature	<input type="text"/>	Date	<input type="text"/>
Hospital Authorized Signatory	<input type="text"/>	Seal	<input type="text"/>