Sample Surgical Claim Form

This **sample surgical claim form** includes comprehensive sections for pre and post hospitalization details, ensuring accurate documentation of medical expenses. It streamlines the claims process by capturing all necessary information related to the surgical procedure and associated care periods. Utilizing this form helps facilitate efficient insurance claim settlements.

1. Policy Holder Details

Full Name	
Policy Number	
Contact Number	
Email Address	

2. Patient Details

Patient Name	
Date of Birth	
Relationship to Policy Holder	Select

3. Hospitalization Details

Name of Hospital	
Date of Admission	
Date of Discharge	
Reason for Hospitalization	

4. Surgical Details

Name of Surgery	
Date of Surgery	
Surgeon's Name	
Surgical Outcome/Notes	

5. Pre-Hospitalization Expenses

Date	Description	Amount (INR/USD)
	Total	

6. Hospitalization Expenses

Date	Description	Amount (INR/USD)
	Total	

7. Post-Hospitalization Expenses

Date	Description	Amount (INR/USD)
	Total	

8. Bank Account Details for Claim Settlement

Account Holder Name	
Bank Name	
Branch	
Account Number	
IFSC/SWIFT Code	

9. Declaration & Authorization

I hereby declare that the information furnished above is true and correct to the best of my knowledge. I authorize the insurance company to obtain medical and other necessary information from the hospital and other sources as required.

Signature of the Claimant: Date: