

Inpatient Hospital Claim Form Sample

For Accident Cases

The **inpatient hospital claim form** sample for accident cases simplifies the process of filing medical expenses related to hospitalization due to accidents. It ensures accurate documentation and faster claim settlement by capturing essential patient and treatment details. Using this form helps streamline insurance reimbursements for accident-related hospital stays.

Section 1: Patient Details

Patient Name	<input type="text"/>	Gender	Male <input type="button" value="▼"/>
Date of Birth	<input type="text"/>	Contact Number	<input type="text"/>
Insurance Policy No.	<input type="text"/>	Patient ID/Registration No.	<input type="text"/>

Section 2: Accident Details

Date of Accident	<input type="text"/>	Time of Accident	<input type="text"/>
Place of Accident	<input type="text"/>		
Brief Description	<input type="text"/>		
FIR/Police Report No.	<input type="text"/>	Authority Name	<input type="text"/>

Section 3: Hospitalization Details

Hospital Name	<input type="text"/>		
Admission Date	<input type="text"/>	Discharge Date	<input type="text"/>
Diagnosis	<input type="text"/>		
Attending Doctor	<input type="text"/>	Doctor's Contact	<input type="text"/>

Section 4: Expense Details

Expense Type	Date	Description	Amount (₹)
Room Charges	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctor's Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investigations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount			<input type="text"/>

Section 5: Declaration & Signature

I hereby declare that the information provided is true and accurate. All medical bills and documents attached pertain to the accident case mentioned above.

Date:

Signature: