

Pre-Approved Critical Illness Claim Form (Sample)

Heart Attack (Myocardial Infarction) Claim

Download our **pre-approved critical illness claim form** sample specifically designed for heart attack cases to expedite your insurance process. This template ensures all necessary details are accurately provided, facilitating quicker claim approvals. Use it as a reliable guide to streamline your documentation and support your claim efficiently.

1. Policy Holder Details

Policy Number:

Full Name:

Date of Birth:

Contact Number:

Address:

2. Details of Illness

Date of Diagnosis:

Type of Critical Illness:

Symptoms Experienced:

Date of First Hospitalization:

Name of Hospital:

Treating Doctor's Name & Contact:

3. Medical Documentation Checklist

Document	Attached (âœ”)
Diagnosis Report/Evidence of Heart Attack	<input type="checkbox"/>
ECG Reports	<input type="checkbox"/>
Cardiac Enzyme Test Results	<input type="checkbox"/>
Hospital Discharge Summary	<input type="checkbox"/>
Treating Doctor's Statement	<input type="checkbox"/>

4. Declaration

I hereby declare that the information provided above is true and complete to the best of my knowledge. I authorize the release of any medical information required by the insurance company to process this claim.

Signature of Policyholder:

Date: