

# 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:**

 Heart Attack (Myocardial I

**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:**