

Health Claim Form for Outpatient Expenses

This **health claim form sample** for outpatient expenses helps streamline the reimbursement process by providing a clear template for documenting medical visits and treatments. It ensures all necessary information, such as patient details, treatment dates, and expense breakdowns, is accurately recorded. Using this form simplifies claim submission and speeds up approval times for outpatient care coverage.

1. Patient Information

Full Name:

Date of Birth:

Gender:

--Select--

Policy Number:

Contact Number:

2. Claim Details

Healthcare Provider:

Date of Outpatient Visit:

Diagnosis/Reason for Visit:

3. Expense Breakdown

Date	Description of Service	Amount (USD)	Receipt Attached
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Total Amount Claimed (USD):

4. Bank Details for Reimbursement

Bank Name:

Account Number:

IFSC/SWIFT Code:

5. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I authorize the insurance provider to verify the details and process my claim accordingly.

Signature: Date:

Submit Claim