

Medical Claim Form Sample for Inpatient Hospitalization

A **medical claim form sample** for inpatient hospitalization provides a structured template to accurately document patient details, treatment information, and billing for hospital stays. It ensures smooth processing of insurance claims by capturing essential data for verification and reimbursement. Proper use of this form facilitates timely approval and settlement of medical expenses.

1. Patient Details

Full Name:

Date of Birth:

Gender:

Address:

2. Hospitalization Details

Date of Admission:

Date of Discharge:

Hospital Name:

Hospital Address:

3. Insurance Information

Policy Number:

Insurance Company Name:

4. Details of Illness

Diagnosis/Reason for Admission:

Consultant/Doctor's Name:

5. Bill Summary

Total Hospital Bill (USD):

Amount Claimed (USD):

6. Declaration

☐ I confirm that the information provided above is accurate and complete to the best of my knowledge.

Submit Claim