Medical Insurance Claim Form for Surgery

This **medical insurance claim form** sample for surgery provides a clear template to accurately document all necessary details for reimbursement. It ensures that patients and healthcare providers submit complete information for a smooth claims process. Using this form helps speed up approval and minimizes errors during surgery-related insurance claims.

1. Patient Information

Full Name:	
Date of Birth:	
Gender:	Select
Address:	
Phone Number:	
Insurance Policy Number:	

2. Surgery & Hospital Details

Hospital/Clinic Name:	
Admission Date:	
Discharge Date:	
Surgery Date:	
Type of Surgery:	
Diagnosis:	
Name of Attending Doctor:	

3. Expenses and Claim

Total Hospital Bill:	
Amount Claimed:	
Mode of Payment:	Select
Documents Attached:	☐ Medical Report ☐ Hospital Bill ☐ Prescription ☐ Other

4. Declaration

I declare that the information provided above is true and complete to the best of my knowledge. I understand that any false statement may result in rejection of this claim.

Patient Signature:	

Date:	

Submit Claim