

Medical Travel Reimbursement Claim Form

Use this **travel claim form** sample to simplify the process of medical travel reimbursement. It ensures all necessary details are accurately documented for faster claim approval. Streamline your reimbursement experience with a clear and concise form template.

1. Claimant Details

Full Name:

Address:

Phone/Email:

2. Patient Details

Patient Name (if different):

Relationship to Claimant:

3. Medical Appointment Details

Medical Provider/Hospital:

Date of Appointment:

Purpose of Visit:

4. Travel Details

Date of Travel	Start Location	Destination	Mode of Transport	COST
<input type="text"/>	<input type="text"/>	<input type="text"/>	Car 	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Car 	<input type="text"/>

5. Supporting Documents

Please attach copies of **medical appointment proof, travel tickets/receipts**, and any other supporting documents.

6. Declaration

I certify that the information provided above is accurate and that the travel was undertaken for the purpose of medical appointment as claimed.

Signature:

Date:

Submit Claim