

# 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="button" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Car <input type="button" value="▼"/>	<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