

Insurance Claim Statement for Diagnostic Tests

Patient & Policy Information

Patient Name:

Enter patient name

Policy Number:

Enter policy number

Insured Person:

Enter insured's name

Date of Birth:

Contact Number:

Enter contact number

Address:

Enter address

Claim Details

Date of Test:

Test Center / Hospital:

Enter facility name

Doctor's Name:

Enter doctor's name

Diagnosis:

Brief diagnosis

Summary of Diagnostic Tests

Test Name	Date	Amount (₹)	Remarks
<div>e.g. MRI Scan</div>	<div></div>	<div></div>	<div>Remarks</div>
<div>e.g. Blood Test</div>	<div></div>	<div></div>	<div>Remarks</div>

Total Claimed Amount:

Declaration

I hereby declare that all information provided is true and correct to the best of my knowledge.

Signature of Claimant

Date