Inpatient Hospitalization Claim Template

Patient Information

Patient Name

Date of Birth

Gender

Select

Policy Number

Contact Number

Address

Hospital Information

Hospital Name

Admission Date

Discharge Date

Reason for Hospitalization

Attending Doctor

Diagnosis

Primary Diagnosis

Secondary Diagnosis (if any)

Expense Details

Date	Description	Amount

Bank Details for Reimbursement

Account Holder Name

Bank Name

Account Number

IFSC Code

Declaration

Declaration (Signature, Date)