

# Comprehensive Checklist for Medical Claim Form Contents

## 1. Patient Information

1. Full Name
2. Date of Birth
3. Gender
4. Contact Information (address, telephone, email)
5. Patient ID or Reference Number (if applicable)

## 2. Insurance Details

1. Insurance Company Name
2. Policy Number
3. Group/Employer Name (if applicable)
4. Insured Personâ€™s Name (if different from patient)
5. Insurance Contact Details

## 3. Provider & Facility Information

1. Providerâ€™s Name
2. Providerâ€™s Address and Contact Details
3. Facility/Hospital Name and Address
4. Provider ID or Registration Number

## 4. Diagnosis & Treatment Details

1. Date(s) of Service/Treatment
2. Diagnosis/Reason for Visit (ICD code, if required)
3. Type of Service or Treatment Provided
4. Procedure Codes (if required)
5. Prescribed Medication Details

## 5. Claim Details

1. Total Amount Charged
2. Breakdown of Costs (consultation, drugs, laboratory tests, etc.)
3. Currency Used
4. Any Amount Paid by Patient
5. Supporting Receipts/Invoicing Attached

## 6. Declaration & Authorization

1. Patientâ€™s/Insuredâ€™s Declaration Signature
2. Date of Signature
3. Authorization for Release of Medical Information (if required)

### Important Notes:

- Ensure all information is accurate and complete before submission to avoid processing delays.
- Attach all required supporting documents (itemized bills, receipts, reports).
- Check with your insurer for any specific requirements or additional forms.

- Retain copies of all submitted documents for your records.