

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 Person's Name (if different from patient)
5. Insurance Contact Details

3. Provider & Facility Information

1. Provider's Name
2. Provider'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. Patient's/Insured'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.