

Mandatory Fields in Medical Expense Claim Documentation

Field	Description
Patient Full Name	Name of the individual receiving medical treatment.
Policy/Employee Number	Unique identification number for insurance or employer policies.
Date of Service	The date when the medical service was provided.
Provider Name & Address	Name and address of the healthcare provider or facility.
Diagnosis	Reason for medical treatment (medical diagnosis or condition).
Details of Services Rendered	Description of medical services (consultation, medication, procedure, etc.).
Amount Claimed	Total amount claimed for the medical expenses.
Original Invoices/Receipts	Submission of detailed original bills/receipts from the provider.
Bank Account Details	Bank name, branch, and account number for reimbursement (if required).
Claimant Signature	Signature of the person submitting the claim.
Date of Submission	Date the claim form is submitted to the insurer/employer.

Important Notes

- Ensure all information provided is complete and accurate to avoid delays in processing.
- Attach copies of all supporting documents as required by your insurer or employer.
- Incomplete submissions may be rejected or require resubmission.
- Check your specific insurance policy for any additional mandatory fields or requirements.
- Maintain copies of all documents submitted for your own records.