

Sample Common Format Titles for Medical Reimbursement Applications

1. Hospitalization Reimbursement Claim Application

1. Patient Details Submission Form
2. Claim for Inpatient Hospital Expenses
3. Pre-authorization Approval Request
4. Hospital Discharge Summary Attachment
5. Medical Bills and Receipts Submission
6. Final Claim Request Cover Letter

2. Outpatient Medical Reimbursement Application

1. Outpatient Consultation Claim Form
2. Prescription and Diagnostic Reports Submission
3. Pharmacy Bills Attachment
4. Doctor's Consultation Fee Reimbursement Form
5. Final Application for Outpatient Expenses

3. Emergency Treatment Reimbursement Application

1. Emergency Treatment Claim Form
2. Ambulance Service Bill Submission
3. Emergency Room Charges Reimbursement
4. Urgent Medical Expenses Covering Letter

4. Follow-Up and Post-Hospitalization Reimbursement

1. Follow-Up Treatment Expenses Claim Form
2. Post-Hospitalization Medical Bills Submission
3. Ancillary Service Charges Attachment
4. Final Reimbursement Request for Post-Care

Important Notes

- Ensure all required supporting documents are attached to the application.
- Check correctness of patient and hospital details before submission.
- Retain copies of all submitted forms and receipts for your records.
- Incomplete applications may lead to delayed or rejected reimbursement.
- Refer to your insurance provider's latest guidelines for updated formats.