

Surgery Expense Claim Form

1. Patient Details

Full Name

Date of Birth

Policy Number

Contact Number

Address

2. Surgery Details

Hospital/Clinic Name

Date of Admission

Date of Surgery

Date of Discharge

Name of Surgeon

Description of Surgery

3. Expense Details

Hospital Charges

Surgeon Fees

Anaesthesia Charges

Medication Charges

Other (Specify)

Amount

4. Bank Details for Reimbursement

Account Holder Name

Account Number

Bank Name

IFSC Code

5. Declaration

I hereby declare that all information furnished above is true and correct to the best of my knowledge, and that the expenses claimed have not been previously reimbursed.

Signature

Date

Important Notes:

- Attach all supporting documents such as hospitalization bills, prescriptions, discharge summary, and relevant medical reports.
- Incomplete or incorrect information may delay claim processing.
- Claim submission should be within the prescribed timeline as per your policy terms.
- Keep copies of all submitted documents for future reference.
- Original bills may be required at the time of verification.

