CAREWAY GROUP

Patient Claim Form

1. Member Information

- Full Name: _____
- Membership ID / Reference ID: _____
- Date of Birth: ____ / ____ / _____
- Gender: ☐ Male ☐ Female ☐ Other
- Address: _____
- City: _____ State: _____ ZIP: _____
- Phone Number: _____
- Email: _____

2. Hospital / Treatment Information

- Hospital / Facility Name: _____
- Address: _____
- Date of Admission: ____ / ____ / _____
- Date of Discharge: ____ / ____ / _____
- Reason for Treatment / Notes: _____
- Type of Treatment: ☐ Inpatient ☐ Outpatient ☐ Daycare

3. Request Details

- **Total Requested Amount (in USD):** _____
- Breakup of Expenses:
    - Consultation: _____
    - Medicines: _____
    - Tests: _____

- Others: _____
- Previous Requests for this issue? ☐ Yes ☐ No
- If yes, details: _____

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4. Patient Identity Verification

(Please attach a self-attested copy of any one valid U.S. Government-issued Photo ID)

☐ U.S. Passport
☐ State-Issued Driver's License
☐ State-Issued ID Card (Non-driver)
☐ Permanent Resident Card (Green Card)
☐ Employment Authorization Document (EAD)
☐ U.S. Military ID
☐ Tribal ID Card (with photo)
☐ Other: _____

- Name (as per ID): _____
- Date of Birth (as per ID): ____ / ____ / _____
- Gender: ☐ Male ☐ Female ☐ Other
- ID Number: _____
- Is the ID Self-Attested? ☐ Yes ☐ No

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5. Payment Processing (For US Bank Accounts Only)

☐ Send payment directly to hospital/facility (if applicable)
☐ Refund me directly via bank transfer

- Account Holder Name: _____
- Bank Name: _____
- Bank Routing Number (9digit): _____
- Bank Account Number: _____
- Account Type: ☐ Checking ☐ Savings

- Attach: ☐ Voided Check ☐ Direct Deposit Authorization Form

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6. Document Checklist

☐ Hospital Bill Copy

☐ Discharge Summary

☐ Doctor's Prescription

☐ Medical Reports

☐ Test Reports

☐ Cancelled Check / Direct Deposit Form

☐ Government-issued Photo ID Proof (Self-attested)

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7. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.
I understand that any false declaration may lead to this request not being approved.

Signature of Member: _____
Date: ____ / ____ / _____