

Itemized List for Insurance Claim

Name					
Address					
Phone number			Email address		
Insurance provider			Policy number		
Itemized List of Medical Expenses					
Medical provider	Services provided	Date of service	Amount charged	Paid amount (if any)	Outstanding balance
Additional notes					

	
Name	Signature

Note: attach supporting documents (receipts, invoices, bills) to this itemized list for verification and reimbursement.