

Information on other active Health Insurance Coverage (not suspended and/or not converted to an entitlement insurance)

Does the insured person have an additional health insurance?	<input type="checkbox"/> yes	If so, please indicate as follows:	Name of insurance	
	<input type="checkbox"/> no		Insurance number	
If you are covered by a statutory health insurance: Do you have a private additional insurance for inpatient treatments?	<input type="checkbox"/> yes	If so, please indicate as follows:	Name of insurance	
	<input type="checkbox"/> no		Insurance number	
Do you have another health or repatriation insurance with cover abroad?	<input type="checkbox"/> yes	If so, please indicate as follows:	Name of insurance	
	<input type="checkbox"/> no		Insurance number	
Have you filed an application for reimbursement with any other office (e.g. statutory or private health insurance schemes, subsidy office)?	<input type="checkbox"/> yes	If so, please indicate as follows:	Name of insurance	
	<input type="checkbox"/> no		Insurance number	
Start of the stay abroad of the Insured Person: (dd/mm/yyyy)				

Please observe the following guidelines in order to enable a quick and smooth settlement of claims!

The supporting documents of the treating persons must include the following information:

1. Name and date of birth of the person treated
2. Name of disease (diagnosis)
3. Indication of the individual services together with the respective costs
4. Dates of treatment
5. Name and address of the treating person

All supporting documents prepared in the German or English language may simply be forwarded to us. Supporting documents prepared in any other language must be accompanied by a corresponding translation.

Invoices for pharmaceuticals

The prescription must be confirmed by the stamp of the pharmacy inclusive of the date. Please attach the respective invoice of the treating physician. If this is not possible, please have the physician stated the diagnosis on the prescription. In the event that the pharmacy issues a separate invoice for medicines, please attach the prescription to such invoice.

Nostrums (substances the composition of which has not been made public), nutriments, tonics, slimming agents and laxatives, cosmetics, mineral waters and bath additives, even if prescribed, are not regarded as medicines.

Remedies, aids and appliances

(Please check whether these services are covered by your insurance product!)

Exclusively the applications of the physical medicine are deemed to be remedies.

Aids and appliances must always be prescribed by a specialist. Please send us the prescriptions together with the invoices, always provided that insurance coverage exists.

Important

You are kindly asked to send us in any case the original invoices and to make copies for your files.

In case of an inpatient treatment in a hospital outside the American continent, please send us the hospital's application for assumption of costs immediately after admission to the hospital. Fax: +49-40-30 68 74-90

Thank you very much.



- Please enter the services forming the subject matter of the claim for reimbursement into the table overleaf and/or have it supplemented by the treating physician.
- You are also kindly asked to enter the data of the person treated.
- Please number the supporting documents. Do not staple or tack attachments.

