



Envelopes must be clearly marked with the following indications:
 „MEDIZINISCHE DOKUMENTE OHNE HANDELSWERT“
 while returning this form from abroad to BDAE in Germany



BDAE

Mit Sicherheit ins Ausland!

PAYMENT OF INSURANCE BENEFITS EXPAT RESIDENT

CLAIMS REIMBURSEMENT FORM

**PLEASE COMPLETE THE FOLLOWING FORM AND THE TABLE ON THE REAR SIDE
 IN ORDER TO APPLY FOR REIMBURSEMENT OF CLAIMS.**

**PLEASE COMPLETE ONLY ONE FORM PER PERSON AND SEND IT TO:
 BDAE HOLDING GMBH • KÜHNEHÖFE 3 • D-22761 HAMBURG**

PARTY ENTITLED TO INSURANCE:		
Surname:		First name(s):
Current address (street, ZIP, city, country):		Use as address for service*: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone (with country and local code):	Fax (with country and local code):	e-mail:
PAYMENT DETAILS FOR REIMBURSEMENT:		
Account holder:		
Bank:	Account no.:	Sort code:
ADDITION FOR FOREIGN ACCOUNTS:		
Bank address:		
BIC/Swift:	IBAN:	
INFORMATION ON OTHER ACTIVE HEALTH INSURANCE:		
Does the insured person have additional health insurance*?	<input type="checkbox"/> No <input type="checkbox"/> Yes, with:	Insurance no.:
If you are covered by a statutory health insurance: Do you have a private additional insurance for in-patient treatment*?	<input type="checkbox"/> No <input type="checkbox"/> Yes, with:	Insurance no.:
Do you have any other health or repatriation insurance with international cover*?	<input type="checkbox"/> No <input type="checkbox"/> Yes, with:	Insurance no.:
Have you filed any other application for reimbursement with a different office (e.g. statutory health insurance, benefits office etc.)*?	<input type="checkbox"/> No <input type="checkbox"/> Yes, with:	Insurance no.:
Since when is the insured person staying abroad (only necessary on first submission of claims)?		

(*please tick)

effective: 01.09.2015

**PLEASE ENLIST THE CLAIMS TO BE REIMBURSED IN THE TABLE OVERLEAF, RESPECTIVELY LET IT
 BE COMPLETED BY THE ATTENDING PHYSICIAN!**

FOR QUERIES PLEASE CONTACT:

**PHONE: +49-40-30 68 74-0 • FAX: +49-40-30 68 74-90
 E-MAIL: CLAIMS@BDAE.COM**

