The Helsana Group comprises Helsana Insurance Company Ltd, Helsana Supplementary Insurances Ltd and Helsana Accidents Ltd.

Helsana

Short medical report

Daily sickness benefit

Claim number			Start of incapacity for work	
Insured person	First name Surname			
	Nationality			
	Date of birth			Gender
	Employer			
	Level of employment			
	Occupation			
1. Initial treatment	Date	Time	Specialisation	
	First name Surname			
	Postcode Place			
2. Cause	○ Illness	○ Accident	○ Occupational illness	
	○ Indeterminate	○ Pregnancy		
	Estimated date of birth			
3. Which diagnosis is the cause of the current incapacity?	ICD-10 diagnosis code			
	Diagnosis text			
4. Incapacity for work in the current workplace	Reasonable capacity for work (% of normal capacity)	Reasonable attendance at the workplace (hrs./day)	IFW in %	Incapacity for work from: / Incapacity for work to:
	Return to work planned for:		at %	hrs./day
4.1 Prognosis Duration of incapacity for work	○ Already ended	as of	prognosis until	
	○ 0 – 2 months	○ 4 – 6 months		
	○ 2 – 4 months	○ > 6 months		
5. Other physicians involved?	First name Surname			
	Address			
	Specialisation			
	Send medical reports, if any			
6. Please send enclosure	Operation report, Consultation report, Discharge report, Laboratory report, MRI report, CT report, Radiology report, other report			
	If hospitalised: ○ Operation	○ inpatient	○ partly inpatient	
	When:	Where:		

Place and date	Doctor's signature	Doctor's signature
EAN	PAR	Phone
		E-mail