



Your personal customer care team

Team Vera Parayil

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# Helsana

Invoice no. **12 345 678 909**

Antonia Bella Muster  
SG 9 Pt / ZA 6 mm  
Irgendinestrasse 123  
Postfach  
1000 Musterhausen

16 December 2017

## Benefits statement



**myHelsana App**

Scan bills simply using the myHelsana app: [www.myhelsana.ch/about](http://www.myhelsana.ch/about)



**Explanatory video**

Understand your benefit statement: [www.helsana.ch/benefits-statement](http://www.helsana.ch/benefits-statement)

### Antonia Bella Muster, insurance no. 12 345 678

| Treatment on            | Invoice from                          |                       | Amount        |
|-------------------------|---------------------------------------|-----------------------|---------------|
| 21.11.2017              | Pietro LERB Müller-Meier, CHF 120.00  | payable by us         | 90.00         |
| 24.11.2017 - 30.11.2017 | Dr. med. Urs Huber-Suhner, CHF 263.50 | payable by you        | 263.50        |
| <b>Sub-total</b>        |                                       | <b>payable by you</b> | <b>173.50</b> |

### Claudia Muster, insurance no. 87 654 321

| Treatment on            | Invoice from                    |                      | Amount        |
|-------------------------|---------------------------------|----------------------|---------------|
| 03.11.2017 - 21.11.2017 | Pietro Müller-Meier, CHF 204.00 | payable by us        | 153.00        |
| <b>Sub-total</b>        |                                 | <b>payable by us</b> | <b>153.00</b> |

### Bernard Bello Muster, insurance no. 123 456 789

| Treatment on     | Invoice from                    |                      | Amount        |
|------------------|---------------------------------|----------------------|---------------|
| 27.11.2017       | Pietro Müller-Meier, CHF 135.00 | payable by us        | 101.25        |
| <b>Sub-total</b> |                                 | <b>payable by us</b> | <b>101.25</b> |

|                  |                      |              |
|------------------|----------------------|--------------|
| <b>Total CHF</b> | <b>payable by us</b> | <b>80.75</b> |
|------------------|----------------------|--------------|

The sum of **CHF 80.75** will be credited to the following account within 7 days:  
Zürcher Kantonalbank AG / CH12 3456 7890 9876 5432 1

### Your co-payment under basic insurance following this benefit statement

| Insuree              | Year | Deductible | already paid  | Excess | already paid |
|----------------------|------|------------|---------------|--------|--------------|
| Antonia Bella Muster | 2017 | 2'000.00   | <b>373.40</b> | 700.00 | <b>0.00</b>  |

Until the individually selected annual deductible is reached, the customer bears the full healthcare costs. Once the annual deductible has been reached, the customer participates in costs incurred with an excess of 10%. The annual excess is capped at CHF 700.– for adults and CHF 350.– for children. You can find further information under [www.helsana.ch/co-payment](http://www.helsana.ch/co-payment).

**Helsana Versicherungen AG**

Kundenservice, Postfach, 8081 Zürich, [www.helsana.ch](http://www.helsana.ch)

Helsana Insurance Company Ltd may provide services on behalf of  
Helsana Supplementary Insurances Ltd and Helsana Accidents Ltd.

# Detailed statement

invoice no. 12 345 678 909, 16.12.2017

## Antonia Bella Muster, insurance no. 12 345 678

|                       |  |                   |
|-----------------------|--|-------------------|
| Benefit statement no. | <b>Your payment to</b>   |                   |
| 55 555 555 555        | Praxis-Ramseyer, Pietro LERB Müller-Meier, Luzern,<br>external invoice no. 0006887 | <b>CHF 120.00</b> |

| Treatment on | Invoice from                                | Invoice amount | Helsana co-payment | Your co-payment |
|--------------|---|----------------|--------------------|-----------------|
| 21.11.2017   | Pietro LERB Müller-Meier                    |                |                    |                 |
|              | Complementary medical treatment, outpatient | 120.00         | 90.00              | 30.00           |
|              | <b>Total</b>                                | <b>120.00</b>  | <b>90.00</b>       | <b>30.00</b>    |

### Total CHF payable by us

**90.00**

|   |  |       |       |
|---|--|-------|-------|
| Complementary medical treatment, outpatient | SANA Supplementary Health Insurance 2017<br>- 75 % | 90.00 |       |
|   | Costs not covered                                  |       | 30.00 |

|                       |  |                   |
|-----------------------|--|-------------------|
| Benefit statement no. | <b>Payment by Helsana to</b>                                   |                   |
| 55 555 554 444        | Dr. med. Urs Huber-Suhner, Root,<br>external invoice no. 84844 | <b>CHF 263.50</b> |

| Treatment on            | Invoice from                  | Invoice amount | Helsana co-payment | Your co-payment |
|-------------------------|-------------------------------|----------------|--------------------|-----------------|
| 24.11.2017 - 30.11.2017 | Dr. med. Urs Huber-Suhner     |                |                    |                 |
|                         | Medical treatment, outpatient | 215.10         | 0.00               | 215.10          |
|                         | Laboratory analysis           | 48.40          | 0.00               | 48.40           |
|                         | <b>Total</b>                  | <b>263.50</b>  | <b>0.00</b>        | <b>263.50</b>   |

### Total CHF payable by you

**263.50**

|                               |   |  |        |
|-------------------------------|---|--|--------|
| Medical treatment, outpatient | Basic insurance 2017 (Progrès)<br>Deductible 2017 |  | 215.10 |
|-------------------------------|---|--|--------|

|                     |   |  |       |
|---------------------|---|--|-------|
| Laboratory analysis | Basic insurance 2017 (Progrès)<br>Deductible 2017 |  | 48.40 |
|---------------------|---|--|-------|

### Invoice copies:

Have you not received a copy for one of these invoices? Please request it directly from the respective invoicing party.

# Detailed statement

invoice no. 12 345 678 909, 16.12.2017

## Claudia Muster, insurance no. 87 654 321

| Benefit statement no. | Your payment to   |                   |
|-----------------------|---|-------------------|
| 65 465 465 465        | Praxis-Ramseyer, Pietro Müller-Meier, Luzern,<br>external invoice no. 0006879 | <b>CHF 204.00</b> |

| Treatment on            | Invoice from                                | Invoice amount | Helsana co-payment | Your co-payment |
|-------------------------|---|----------------|--------------------|-----------------|
| 03.11.2017 - 21.11.2017 | Pietro Müller-Meier                         |                |                    |                 |
|                         | Complementary medical treatment, outpatient | 204.00         | 153.00             | 51.00           |
|                         | <b>Total</b>                                | <b>204.00</b>  | <b>153.00</b>      | <b>51.00</b>    |

### Total CHF payable by us

**153.00**

|   |  |        |       |
|---|--|--------|-------|
| Complementary medical treatment, outpatient | SANA Supplementary Health Insurance 2017<br>- 75 % | 153.00 |       |
|   | Costs not covered                                  |        | 51.00 |

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# Detailed statement

invoice no. 12 345 678 909, 16.12.2017

## **Bernard Bello Muster**, insurance no. 123 456 789

|                       |   |                   |
|-----------------------|---|-------------------|
| Benefit statement no. | <b>Your payment to</b>  |                   |
| 11 122 233 344        | Praxis-Ramseyer, Pietro Müller-Meier, Luzern,<br>external invoice no. 0006888 | <b>CHF 135.00</b> |

| Treatment on | Invoice from                                | Invoice amount | Helsana co-payment | Your co-payment |
|--------------|---|----------------|--------------------|-----------------|
| 27.11.2017   | Pietro Müller-Meier                         |                |                    |                 |
|              | Complementary medical treatment, outpatient | 135.00         | 101.25             | 33.75           |
|              | <b>Total</b>                                | <b>135.00</b>  | <b>101.25</b>      | <b>33.75</b>    |

### **Total CHF payable by us**

**101.25**

|   |  |        |       |
|---|--|--------|-------|
| Complementary medical treatment, outpatient | SANA Supplementary Health Insurance 2017<br>- 75 % | 101.25 |       |
|   | Costs not covered                                  |        | 33.75 |

### **Invoice copies:**

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