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

Helsana

Helsana Group

Invoice form for PRIMEO benefits:
Childcare (one invoice for all children)

Form for the reimbursement of benefits if no receipt/invoice is available. Please complete the relevant fields truthfully and then send us the form via myHelsana, by e-mail or by post.

Important: Please complete one form for all children and for childcare that could not be organised via Medicall.

Details of the insured person	**Details of the person/organisation providing childcare**
First name Surname	First name Surname
Insurance no.	Street, house no.
Date of birth	Postcode, town/city
Street, house no.	Country
Postcode, town/city	ZSR-Nummer / CH healthcare and home help organisation
Country	

Details of childcare

Name of children: (Who was cared for? The flat-rate benefit applies to all children.)	
Ages of children: (Ages of all children)	
Caregiver's relationship to the family:	

Date	Time: from	to	Number of hours	Rate	Price in CHF
				Total	

Tarifziffer: H03.200.06 (KidsCare) / H03.200.07 (Nanny Service)

Details of the outpatient procedure

Date of the outpatient procedure being paid for under basic insurance:

Name of the doctor, clinic or hospital:

Reason for treatment/diagnosis:
(Not mandatory)

The data you enter will be processed by Helsana Supplementary Insurances Ltd (PO Box, 8081 Zurich) for the purpose of invoice verification.

The data will not be forwarded to third parties. You can find further information about data protection in our Privacy Policy at helsana.ch/data-protection.

The health insurance provider will make the payment to the patient.

I hereby confirm that I have read the form and completed it correctly and in full.

Place an date

Signature of insured person