

Helsana Group

Invoice form for PRIMEO benefits: Overnight accommodation

Form for the reimbursement of benefits if no receipt/invoice is available.

Important: Please complete the relevant fields truthfully and then send us the form via myHelsana, by e-mail or by post.

Details of the insured person

First name Surname

Insurance no.

Date of birth

Street, house no.

Postcode, town/city

Country

Details of the accommodation, e.g. clinic, hospital or hotel

First name Surname

Street, house no.

Postcode, town/city

Country

PAR number

Bern: F402997 Übernachtung
St. Gallen: I403097 Übernachtung
Zurich: C402897 Übernachtung
Lausanne: O403297 Nuitée
Bellinzona: L403197 Pernottamento

Details of the overnight accommodation

Date of overnight accommodation:

(This is an outpatient [one-day] benefit, e.g. 15.03.2024.)

Invoice amount/price:

(Please enter the amount in CHF, e.g. CHF 80.–)

Tariff item: H03.200.01

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 and date

Signature of insured person
