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

Helsana

Helsana Group

Invoice form for PRIMEO benefits:
Rooming-in

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	**Details of the accommodation, e.g. clinic, hospital or hotel**	
First name Surname	First name Surname	
Insurance no.	Street, house no.	
Date of birth	Postcode, town/city	
Street, house no.	Country	
Postcode, town/city	PAR number	Bern: F402997 Übernachtung St. Gallen: I403097 Übernachtung Zurich: C402897 Übernachtung Lausanne: O403297 Nuitée Bellinzona: L403197 Pernottamento
Country		

Details of the accompanying person

First name Surname:

Details of the rooming-in

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: H03.200.02

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