

Application for payment of costs for a planned hospital stay abroad under Supplementary Hospital Insurance

Please answer all the questions in full and return the form to us together with the required documents by two weeks before the planned treatment at the latest:

Helsana Insurance Company Ltd, Customer Service International, PO Box, 8081 Zurich

Insured person	Surname, First name
	Street, house no.
	Postcode, Town/City
	Phone
	E-mail
	Insurance no.
1 Where will the planned hospital stay take place (town/city, country)?	
2 Reason for stay abroad	<input type="checkbox"/> Holiday <input type="checkbox"/> For the treatment <input type="checkbox"/> Staff member on foreign assignment <input type="checkbox"/> Business <input type="checkbox"/> Study/school <input type="checkbox"/> Second residence
3 Type of claim	<input type="checkbox"/> Illness <input type="checkbox"/> Accident <input type="checkbox"/> Maternity <input type="checkbox"/> Preventive care
4 Name and address of attending physician	
Address of clinic abroad	
5 Planned date of entry	
Intended length of stay	
6 Required documents	In order to assess your application for reimbursement of costs, we require at the very least the following documents (applications with incomplete documentation will be rejected): – Detailed medical report from your attending physician – Official cost estimate from the hospital for the planned treatment – Treatment plan for the planned treatment

The documents may be submitted in German, French, Italian or English.

By signing, the insured person or his/her legal representative hereby confirms that he/she has answered the above questions truthfully.

He/she authorises Helsana Supplementary Insurances Ltd to obtain the information required from other insurance providers, physicians, police or judicial bodies and releases these individuals/bodies from their duty of confidentiality.

Place and date

Signature of the insured person or his/her legal representative