Helsana Accidents Ltd
Kundenservice Unternehmen
Postfach, 8081 Zürich www.helsana.ch EAN 7601003005431

Helsana

Pharmacist's certificate UVG

Please note claim number here →

Claim number

1. Employer	Name and address with postcode	Phone no.	Policy-No. UVG
		E-Mail	Policy-No. UVG-additional
		Normal place of work of insured person (branch of company)	
2. Insured person	Surname and first name	Date of birth	AHV number
	Street	Phone no	Nationality/Residence permit
	Country Postcode Place	E-Mail	Marital status
4. Date of accident	Day Month Year Time (hours, minutes)		

Notes for the insured person

If Helsana has assured meeting medical expenses, then medication prescribed by your doctor will be provided by a pharmacist without charge.

Obtain all medication from the same pharmacist, to whom you give this form. Please enter the claim number listed on all correspondence above, or have the pharmacist enter it.

Notes for the pharmacist

Helsana will inform the insured person, if treatment costs are to be met. Please request this confirmation – this is also your guarantee of payment – for your information and enter the claim number listed on this Pharmacist's certificate.

Pharmacy's invoice

Date of supply	Type and quantity	Price CHF Rp.

Please enclose prescriptions **Total**

Distribution: Insured person → Pharmacist → Helsana

Please send this invoice following completion of the treatment – no later however than 3 months after the date of Helsana to the address listed above.

You can request a new pharmacist's certificate from the **insurer** stating the claim number and if

- there is insufficient space to enter the items obtained;
- additional medication is required once 3 months have expired.

Date:

Pharmacy's stamp:

Post office account number or assigned Concordat number

Invoice via OFAC:

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