

Notification Form „Treatment abroad“

(Illness / Accident)



Gesundheit für Generationen

Bruggerstrasse 46, Postfach, 5401 Baden
Tel. +41 56 203 44 44, Fax +41 56 203 44 99
www.aquilana.ch

Notification Form „Treatment abroad“ (Illness / Accident)

Pursuant to the statutory and contractual provisions (Health Insurance Act KVG/General Terms and Conditions of Insurance AVB), insured benefits for **treatment abroad** are provided **only in an emergency**. An emergency exists if you require medical treatment during a temporary stay abroad and a return journey to Switzerland is not appropriate. To enable us to check your benefit claims properly, please answer the following questions and return this Notification Form, together with the attachment duly completed and accompanied by the **detailed original invoices** (credit card or cash payment receipts are not sufficient). Thank you very much!

Personal particulars

Surname	_____	Forename	_____
Date of birth	_____	Ins. No.	_____
Street, No.	_____	Post code, Place	_____
Tel. home	_____	Tel. business	_____

Please answer every question

Where (place / country) did you fall ill or have an accident? _____

Are or were you on holiday in that country?

☐ yes

☐ no

If no:

other reasons? _____

Nature of illness or accident (diagnosis)? _____

Were you undergoing medical treatment before the stay abroad?

☐ yes

☐ no

If so:

Why? _____

With whom? _____

For how long? _____

Have you taken out a separate holiday/travel insurance?

☐ yes

☐ no

Do you have another illness, accident or extension
of accident insurance?

☐ yes

☐ no

If yes, with which company (name / address)?

If with Aquilana, please enclose a copy of the payment receipt.

Have you deregistered from your local authority in Switzerland?

☐ yes

☐ no

The undersigned hereby declares that he/she has answered the above questions truthfully. Aquilana is specifically authorised to seek information to clarify the benefit claims from other insurers, doctors, hospitals etc. and from the police and law courts.

Place and date: _____

Signature of insured person /
legal representative _____

Enclosure: Attachment to the Notification Form for „Treatment abroad“

Attachment

to the Notification Form for „Treatment abroad“
(illness / accident)



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No.	Name and nature of invoice issuer (e.g. doctor / hospital)	Treatment from – to	Reason for treatment (Diagnosis)	Currency	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Additional remarks:

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