

# 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

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

### 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: