Questionnaire for treatment abroad

For emergency treatments

This form should be filled out by the insured person or his or her legal representative. All applicable questions should be answered in full and the signed form should then be sent promptly to the address on the last page of the form. If you have any questions, contact the CSS Serviceline on 0844 277 277. Thank you in advance.

Client number

1 General information

1.1 Insured person

First name | Last name | Date of birth

Street, No. | Postal code/Town

1.2 Contact

Phone private | Cell phone | Phone business

What time is the best time to contact you? | Where? Private ☐ Cell phone ☐ Business ☐ | E-mail

2 Questions

2.1 Is this an

☐ Illness ☐ Accident, please complete enclosed accident report form in full ☐ Maternity

2.2 Type of illness or injury

Precise description, type of illness or injury, or precise description of the event.

2.3 When and where did you suffer the illness or accident?

Date | Time

Place | Country

2.4 What treatment did you receive abroad from the doctor or hospital?

2.5 Duration of the treatment

Outpatient treatment

Date

from to

Inpatient treatment

Date

from to

2.6 Costs of the treatment

☐ CHF ☐ Foreign currency, which one

Outpatient treatment

	CHF	Foreign currency
Doctor costs		
Medication		
Total		

Inpatient treatment

	CHF	Foreign currency
Hospital costs		
Medication		
Total		

2.7 Doctor/hospital that first treated you (abroad or in Switzerland)

First name

Last name

Hospital

Street, No.

Postal code/Town

Country

2.8 Further treatment by doctor/hospital abroad or in Switzerland

First name

Last name

Hospital

Street, No.

Postal code/Town

Country

2.9 Had you already received medical treatment in Switzerland for the ailment? ☐ Yes ☐ No

If yes, when and from whom?

Date

from to

First name

Last name

Street, No.

Postal code/Town

2.10 Do you also have other insurance (sickness/accident/transport costs/ETI cover note etc.)? ☐ Yes ☐ No

If yes, which insurance company?

Name of insurance company

Policy No. (please enclose copy of policy)

Street, No.

Postal code/Town

Have you already reported the incident to this insurance company? ☐ Yes ☐ No

2.11 Have you concluded a separate holiday insurance?

Policy No./Application No.

With CSS? ☐ Yes ☐ No

With another insurance company? ☐ Yes ☐ No

If yes, which insurance company?

Name of insurance company

Policy No. (please enclose copy of policy)

Street, No.

Postal code/Town

2.12 Duration of and reason for the stay abroad

Date

from to

2.13 Where is your legal place of residence?

Street, No.

Postal code/Town

2.14 Have you deregistered at your last place of residence in Switzerland?

☐ Yes, at date ☐ No

2.15 For persons who have been sent abroad by their employer: **When were you sent abroad by your employer in Switzerland?**

Name and address of employer

2.16 Details of benefit recipient

☐ Insured person ☐ Other recipient of benefits

First name

Surname

Client number

Street, house number/P.O. Box

Address supplement

Postcode/town

☐ Credit to account

IBAN

Name of financial institution

2.17 Remarks

The signatory declares that he/she has answered all the questions on each page completely and truthfully.

By signing the questionnaire for treatment abroad the signatory authorizes CSS to share and obtain information at all times from doctors, other service providers, state and private insurers, authorities, and company physicians and medical advisors of the foregoing as needed to assess the insurance cover while respecting the provisions of data privacy legislation. With respect to the foregoing the signatory releases all agencies from the obligation to maintain professional secrecy or patient confidentiality with respect to CSS Insurance.

The signatory is entitled to request information about his or her data that is being processed. Permission to process data may be revoked at any time.

Legal entity for the basic insurance (KVG): CSS Health Insurance Ltd, INTRAS Health Insurance Ltd , Arcosana Ltd or Sanagate Ltd*;
legal entity for supplementary insurance plans (VVG): CSS Insurance Ltd or INTRAS Insurance Ltd*

*The legal entity responsible for your basic insurance (KVG) and your supplementary insurance plans (VVG) is shown on your insurance policy.

Translation: Only the original German text is binding.

Town	Date	Signature of the insured person or his or her legal guardian

Address of the insurance company:
CSS Insurance
Service Center, P.O. Box 2550, 6002 Lucerne

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