

# Expatrie | claim form

Policy nr. \_\_\_\_\_

Please complete the following claim form and send it back to our medical service.

## Insured person

Family Name	_____	First Name	_____
Gender	Male      Female	Date of birth	_____
Email	_____	Nationality	_____
Phone	_____		
Residency address	_____		
	_____		
Bank name + full address	_____		
IBAN or account	_____		
	Swift / BIC _____		

Are there any other insurers covering and/or reimbursing the costs for this claim?     Yes     No

In the affirmative, please send us the coordinates of these insurers as well as the original detailed accounts of any settlements already made and copies of medical prescriptions, invoices and other relevant supporting documents.

**IMPORTANT : Does this claim concern a follow-up treatment of an affection already declared to SWISSCARE - KILN/SOS Evasan?**     Yes    Claim n°: \_\_\_\_\_     No

## ILLNESS

Type of illness \_\_\_\_\_ Date / time of the first symptom \_\_\_\_\_

Description \_\_\_\_\_

Have you already received medical care (including prescribed or bought medicine) for this illness or any potentially related health condition?

Yes :     no                      If yes, date of the treatment : \_\_\_\_\_

Treatment received \_\_\_\_\_

Name, address, phone, email, fax of the physician \_\_\_\_\_

## MATERNITY

Date of your last menstruation \_\_\_\_\_

Expected date of delivery \_\_\_\_\_

Is it your first child ?                       yes     no

Name, address, phone, email, fax of the physician \_\_\_\_\_

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## ACCIDENT

Date \_\_\_\_\_ Place of accident \_\_\_\_\_

Circumstances  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Nature of injury  
 \_\_\_\_\_  
 \_\_\_\_\_

Other involved persons  Yes  No If yes, specify here under the complete address, phones, emails  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Police or emergency unit report  Yes  No If yes, please join a copy  
 \_\_\_\_\_

**Important: Direct settlement may only be given to a hospital, in case of hospitalisation or childbirth. The prior approval is compulsory for the reimbursement of certain services as mentioned in the general insurance conditions.**

I hereby certify and confirm that the information above are correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Insured person (or his representant)

Swisscare offers a simple and efficient claim process to ensure that our clients can seek reimbursement for medical expenses. Once we receive the completed claim forms, medical report and eventual paid bills, we are able to process and payment instructions can be issued to the provided bank account within 5 (five) working days. Where further information is required to complete the claim process, the clients or the medical practitioner will be notified by email within 48 hours after receipt of the claim documents. A claim statement will be send out to the client to inform them when the claim has been processed. This swift and speedy claims process allows us to ensure that our clients receive their reimbursement in an efficient and timely manner.