Studentpass international | **claim form** Policy nr. _____

Please complete the following claim form, enclose all necessary documents, invoices, payment receipts, medical prescription and send it back to our medical service on the fax number +41 22 929 52 55

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 symptome _____

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 _____

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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 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.