

Questionnaire about treatment received during a stay abroad

Insured person

(complete using upper and lower case letters)

Last Name First Name Date of birth
 Phone E-Mail Insurance no.

A case of

- Illness Accident. If an accident, please also complete the accident form which can be found at <https://www.egk.ch/en/services/forms-downloads>

Questions about treatment abroad

1 Where/in which (foreign) country did you fall ill / suffer an accident?

2 Have you already undergone treatment in Switzerland for the same condition? Yes No

3 Duration of stay abroad? from to

Additional comments about travel period

4 Reason for stay abroad Transferred employee* Cross-border commuter* Pensioner*
 Student Holidays Other
 * or family member

5 Reason for treatment Emergency Planned treatment

6 Diagnosis

Type and period of treatment

Outpatient
 Start of treatment End of treatment

Inpatient* (with overnight stay in hospital)
 Start of treatment End of treatment

* Medical reports must be submitted

Was treatment provided in a private clinic / practice? Yes No

Were you transported?

Yes No

If so, please enclose the transport report.

Name and address of doctor providing treatment

Name and address of hospital

What treatment was applied?

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7 Were you in contact with EGK Assistance?

Yes No

8 Other insurance cover

a) Did you take out separate holiday and travel insurance from another insurance company? If yes, from which insurance company?

No

Yes, name and address of insurance company

Policy no.

b) Have you notified the event to this insurance company?

Yes

No

c) Are you also insured for ACCIDENT and/or ILLNESS with another insurance company?

No

Yes, name and address of insurance company

Policy no.

Have you notified the event to this insurance company?-

Yes

No

Were cash benefits paid or promised?

No

Yes, for the amount of CHF

Additional comments about treatment prior to stay abroad

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9 If invoices are indecipherable (different alphabet) or in a foreign language, please submit an official translation (in German or English). EGK-Gesundheitskasse can order a translation for you from an external partner. This costs at least CHF 75.00 excl. VAT per case. The cost will be invoiced to you or deducted from any reimbursement due.

Would you like to make use of this service?

Yes No

If yes, we will inform you about the actual cost before placing the order for a translation.

Cost breakdown

All invoices must be listed separately!

Treatment date	Name of invoicing party (doctor, hospital, pharmacy, etc.)	Currency	Amount

Power of attorney / signature

The insured person confirms that they have answered the above questions fully and truthfully. They authorise EGK-Gesundheitskasse to collect all the information required to check the eligibility for benefits and the invoices from all official, public and private entities involved, all medical professionals and medical therapists, other insurance companies and employers. They release the medical professionals from their duty of medical confidentiality and the other entities from any duty of professional confidentiality that may apply. EGK-Gesundheitskasse is authorised to the same extent to provide the documents and information required to check the eligibility for benefits to the above entities. The power of attorney applies to the event mentioned in the questionnaire that occurred abroad and can be revoked in writing.

Place and date

Signature of the insured person
or their legal representative