

Questionnaire on cost of treatment during a stay abroad

Please answer every question

Insured person

(complete in uppercase and lowercase letters)

Surname

First name

Date of birth Day Month Year

Insurance no.

E-mail

Phone no.

Employer – name/location

Nationality/residence permit

1. Where (abroad) did you fall ill / have an accident or did you obtain treatment?

2. How long is / was your stay abroad? Date of departure and (planned) date of return

3. Reason for stay abroad * or family member

International assignee*
 Cross-border commuter*
 Retiree*
 Study
 Other
 Holiday

4. Reason for treatment Does this concern

Emergency
 Routine control
 Planned treatment
 Check-up
 Illness
 Accident

5. Nature of illness or accident

Parts of body affected

right left
 right left

6. Treatment from / to

Outpatient

Inpatient*

Name and address of treating physician or hospital abroad

* with overnight stay in hospital

Name and address of physician or hospital providing follow-up in Switzerland

7. List of invoices that have been paid

Amount in foreign currency

Amount in CHF

List of invoices that have been paid	Amount in foreign currency	Amount in CHF
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8. Did you contact the SWICA emergency call centre (Medicall AG)? yes no

9. Have you taken out separate holiday and travel cover with another insurance company? (e.g. TCS Heilungskostenzusatz, ELVIA Private Medical, Zürich Relax, MobiTour, Intertours Winterthur, Basler Medi Service SOS, Europäische Reiseversicherung)

yes no

If yes, with which insurance company? (please provide the name, address and policy no. and enclose a copy of the policy)

Have you reported the event to this insurance company? yes no

Have any cash benefits been paid out or is there any prospect of such payments being made? yes no

If yes, how much? CHF

10. Are you currently covered against ACCIDENT and/or ILLNESS by another insurance company? yes no

If yes, with which insurance company? (please provide the name, address and policy no. and enclose a copy of the policy)

Has the case been notified? yes no

11. Were you receiving treatment before your stay abroad? yes no

If so, why? (diagnoses / diseases)

Treatment period (from / to)

Name of physician / hospital

If treatment has not yet been completed:

Have you informed your physician about the forthcoming trip abroad? yes no

If so, when?

12. Please provide an official translation of any invoice that is illegible or in a foreign language (another alphabet).

SWICA can arrange for a translation through an external partner. The cost is at least CHF 75 per case, excl. VAT, depending on the country. This amount will be billed to you or deducted from any reimbursement you may be eligible for.

Would you like to use this service? If so, we will inform you about the actual cost of the translation before placing the order.

yes no

Authorization

The undersigned herewith confirms that he / she has answered the above questions truthfully and in full. He / she authorizes SWICA to obtain locally the information needed for assessing payment obligations and examining invoices issued abroad from all medical personnel and medical therapists, all official departments, all other insurance companies and from the employer and expressly releases these persons and institutions from the obligation of professional secrecy with regard to SWICA. The full authorization relates to the facts mentioned in the questionnaire and may be revoked at any time by the undersigned.

In the case of falsified receipts, I undertake to reimburse the costs of the SWICA Medicall system which are incurred for clarification and handling.

Place / Date

Signature of the insured person or his / her legal representative

Please submit this form with your original signature by post or email.

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