

## SERVICES

# PATIENT INVOICE PSYCHOTHERAPY VVG.

Invoice date\*

Invoice number\*

### SERVICE PROVIDERS

Name\*

GLN no.\*

ZSR no.\*

Street/no.

Email

Postcode/town\*

Phone

### PATIENT

Name/Surname\*

Insured person no.

Street/no.

Remuneration type **TG**

Postcode/town\*

Sex\* Male Female

Date of birth\*

Law **VVG**

Reason for treatment

Date of accident

Special comments (max. 350 characters):

Date*	Rate*	Tariff code*	Description*	Quantity*	Price*	Amount in CHF*
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**Total amount in CHF**

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