

QUESTIONNAIRE ON COST OF TREATMENT DURING A STAY ABROAD.

Please answer every question.

INSURED PERSON

(Please fill in using uppercase and lowercase letters)

Surname

First name

SWICA insured person no.

Date of birth (day/month/year)

Email

Phone (daytime)

Employer (name/location)

Nationality

QUESTIONS ABOUT MEDICAL EXPENSES

1. In which place/country were you ill or had an accident?
2. How long did you stay abroad? Dates of departure and (planned) return?

Additional comments regarding travel dates

- | | | | |
|---------------------------|-------------------------|------------------------|----------|
| 3. Reason for stay abroad | International assignee* | Cross-border commuter* | Retiree* |
| | Study | Holiday | |
| | Other | | |
| | *or family member | | |
-
- | | | |
|-------------------------|-----------|-------------------|
| 4. Reason for treatment | Emergency | Planned treatment |
| This concerns ... | Illness | Accident |
-
5. Diagnosis

6. Nature and period of treatment

Outpatient

Start of treatment

End of treatment

Inpatient

Start of treatment

End of treatment

(with overnight stay in hospital)

Is there a medical report?

Yes

No

If so, please send it to SWICA with the form.

Name and address of treating physician

Name and address of hospital

7. List of invoices that have been paid

We recommend that you number the receipts/enclosures and use this numbering in the declaration.

(Please give details of doctor, hospital, pharmacy or other: amount in foreign currency and in CHF.)

How did you pay the bills? Please send us the payment confirmation.

In cash

By credit card

Through the bank

Other (which?):

8. Did you contact the SWICA emergency call centre (Medicall AG)?

Yes

No

9. Other insurance cover

d) Have you taken out separate holiday and travel cover with another insurance company?
(e.g. TCS supplement for medical expenses, ELVIA Private Medical, Zurich Relax, MobiTour, Intertours Winterthur, Basler Medi Service SOS, European travel insurance)

Yes

No

If yes, with which insurance company? (Please provide the name, address and policy no.)

Have you reported the event to this insurance company?

Yes

No

b) 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.)

Have you reported the event to this insurance company?

Yes

No

10. Were you receiving treatment before your stay abroad?	Yes	No
If so, why? (diagnosis/diagnoses)		
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?		
Additional comments on treatment received before going abroad		

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

AUTHORISATION

The insured person confirms that he/she has answered the above questions truthfully and in full. The undersigned authorises SWICA to obtain all information necessary from all official, public and private sources, from all medical personnel and medical therapists, from other insurance companies and employers to assess liability to cover the claim and to verify the invoices. The undersigned releases medical personnel from the doctor-patient confidentiality requirements and other parties from any professional confidentiality requirements. To the same extent, SWICA is authorised to provide the above parties with the documents and information necessary to assess liability to cover the claim. The authorisation relates to the event abroad mentioned in the questionnaire and may be revoked in writing. Within the context of SWICA's cover, the insured person assigns to SWICA all claims on liable parties or other parties obligated to pay claims.

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

Place/date	Description
Regional Agency Basel Competence Centre for Customers Abroad Aeschenvorstadt 56 4051 Basel Auslandcenter@swica.ch	