

# Claim Form Medical Services

Policy no. or first 8 digits of credit card no. \_\_\_\_\_

Claim no. \_\_\_\_\_

## A. Event

Departure date \_\_\_\_\_ Return date \_\_\_\_\_ Travel destination \_\_\_\_\_

Purpose of trip  Private  Business - profession? \_\_\_\_\_

Reason for your expenses?  Doctor Visit  Pharmacy  Hospital Stay  
 Other reason \_\_\_\_\_

Diagnosis \_\_\_\_\_

When and where did this event occur? Date \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Description of the circumstances:



With which agency do you have national health insurance?

Austrian National Health Insurance Fund  Wien  NÖ  OÖ  S  T  VBG  STM  KTN  BGL  KFA  SVS  BVEAB Others \_\_\_\_\_

National Health Service ID No. 

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Have claims for compensation already been submitted to other insurance companies (social insurance, private health insurance or accident insurance)?  No  Yes – with whom? Name, address \_\_\_\_\_

Have you already received any compensation?

No  Being processed  Yes - Amount EUR \_\_\_\_\_ (please enclose documents)

## B. Traveller (person affected)

Salutation \_\_\_\_\_

Title, First- and Last name \_\_\_\_\_

Date of birth \_\_\_\_\_

Phone \_\_\_\_\_

Street, House no., Door no. \_\_\_\_\_

Zipcode, City, Country \_\_\_\_\_

E-Mail \_\_\_\_\_

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**Do you own**

- private health/accident insurance?  No  Yes  
 other travel insurance?  No  Yes  
 credit card?  No  Yes – which?

**Policy no.**

\_\_\_\_\_

**Insurer**

\_\_\_\_\_

**Cardholder**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Card no.**

|  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |  |  |  |  |
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|  |  |  |  |  |  |  |  | X | X | X | X | X | X |  |  |  |  |  |
|  |  |  |  |  |  |  |  | X | X | X | X | X | X |  |  |  |  |  |

## C. Costs

| Type of invoice<br>(e. g. doctor, pharmacy) | Treatment date | Costs in foreign currency | Costs in EUR | Reimbursement by social or private insurance in EUR |
|---|----------------|---------------------------|--------------|---|
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|   |                |                           |              |   |

Please enclose additional sheet if there is not enough space

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Europäische Reiseversicherung AG  
**Schaden-Management**  
**schaden@europaeische.at**  
Kratochwilestraße 4, A-1220 Wien

## Please enclose the following documents for your claim to be checked:

- proof of insurance/for credit cardholders: copy of one monthly statement dated within 3 months prior to the claim
- travel documents (e. g. booking confirmation, flight tickets) that show the duration of the journey (outward and return journey)
- invoice for treatment costs/medication plus receipt for payment from social insurance (without receipt, costs are reimbursed minus deductible)/private insurance

**Every claim is different.**

**Additional documents/originals may be required to check your claim.**

### The insurance benefit shall be paid into the following account

Account holder

IBAN

BIC

We need your personal data to check your claim. Your personal data is processed on the basis of Article 6(1)(b) GDPR for the purpose of performing the insurance contract. Where health data is also required to check your claim, we process your health data on the basis of the power granted by Sections 11a to 11d of the Austrian Insurance Contract Act (VersVG). You can find more information about how we process your data at [europaeische.at/en/legal/privacy](https://europaeische.at/en/legal/privacy)

We always strive to meet the wishes of our customers and to improve. We therefore contact selected customers by e-mail after a claim has been processed for the purpose of obtaining feedback about quality and customer satisfaction. You can object to being contacted for this purpose at any time by sending an e-mail to [vertragsmanagement@europaeische.at](mailto:vertragsmanagement@europaeische.at).

**By signing, I confirm that the above information I have provided is accurate and complete.**

Date \_\_\_\_\_ Signature \_\_\_\_\_