Hallesche Krankenversicherung
auf Gegenseitigkeit

Hallesche
ALH Gruppe

Submission of your invoices for your employer-financed supplementary insurance (only for treatments abroad)

General remarks for filling out the document:

Select the one that fits your invoice from the following categories.

Please note that a form must be completed and submitted **for each invoice.** If an invoice consists of several pages, one form is sufficient.

- ☐ Visual aids
- ☐ LASIK
- ☐ Hearing aids
- ☐ Dentist (e.g., treatment, replacement & prophylaxis)
- ☐ Remedies (e.g., physiotherapy)
- ☐ Medical aids (e.g., blood pressure monitor)
- ☐ Medicaments or dressings (e.g., antibiotics or wound dressings)
- ☐ Daily spa allowance
- ☐ Vaccinations
- ☐ Medical check-ups (e.g., early detection or check-ups)
- ☐ Out-patient medical treatment (e.g., consultations with doctors, only in the vacation trip tariff)
- ☐ In-patient stays in the hospital (e.g., sanatorium stays; only in the vacation trip tariff)
- ☐ Chiropractic/osteopathy
- ☐ None of the above services

Your personal data:

Policy number _____

Name of the person insured _____

Banking details[1] _____

IBAN[1] _____ BIC[1] _____

Account holder[1] _____

You only need to fill out the fields marked with [1] if you have not already provided us with the data.

For reimbursement, the following **additional information** is needed:

Treatment period		Invoice amount	Currency (abbreviation)
From	Until		

Invoice date _____

Number of pages of the original invoice _____

Your options to submit the form:

Via the new Hallesche4u app

By mail to service@hallesche.de

By post to Hallesche Krankenversicherung a.G.
Bereich KSH-sl-bkv
D-70166 Stuttgart