HALLESCHE

List of claims
professional activity abroad (delegation/transfer)

Please send back to

HALLESCHE
Krankenversicherung
auf Gegenseitigkeit
Bereich LD-GB
70166 Stuttgart

Employer _____

Policy number _____

Name of employee _____

Dob _____ Working in _____

Address _____

Bank account _____

Account nº _____ Bank code _____

Account holder _____

Name of doctor or hospital	Invoice date	Patient	Invoice amount	Currency (abbr.)	Diagnosis
		Total amount			

Date _____

Encs. _____ Original invoices

Official exchange rate _____ = € _____