

Notification of hospitalisation

Daily Hospital Indemnity Insurance

As the insured person or their legal representative, please complete the form in full and send it to the address given on the last page. Only then can we verify your entitlement to benefits.
You can find all the information about the product and the required form at css.ch/hospitalisation
Any questions? Our Customer Service Centre will be happy to help on 0844 277 888. Thank you.

Client number

1 General information

1.1 Hospitalised person

First name

Surname

Date of birth

Street, house number

Postcode /town

2 Hospitalisation

2.1 Hospital

Name of hospital

Street, house number

Postcode /town

2.2 Rehab clinic

Name of clinic

Street, house number

Postcode /town

2.3 Referring doctor

First name

Surname

Street, house number

Postcode /town

3 To be completed and confirmed by the referring doctor or the hospital

3.1 Hospitalisation

First name

Surname

Client number

Admission

Date

Discharge

Date

Definitive number of days in hospital

Stay in normal ward

Date

from

to

Stay in intensive care

Date

from

to

Stay in rehab ward

Date

from

to

3.2 Reason for hospitalisation

Exact diagnosis and ICD 10 code

3.3 Diagnosis

When was the **medical condition** first diagnosed? (Please tick)

When was the **accident** first detected? (Please tick)

When was the **pregnancy** confirmed? (Please tick)

Date

Comments

The undersigned person hereby confirms that he or she has answered all questions on all pages truthfully and in full.

Place

Date

Doctor's signature

Doctor's stamp

Address of the insurer:

CSS, Special Insurance Competence Centre, P.O. Box 2568, 6002 Lucerne

Authorisation

Daily Hospital Indemnity Insurance

Client number

Insured person

First name

Surname

Date of birth

Street, house number

Postcode /town

Comments

The undersigned person hereby confirms that he or she has answered all questions on all pages truthfully and in full.

By signing this form, the undersigned person authorises CSS to share information and documents and obtain such at any time from doctors, other service providers, social and private insurers and authorities, and its company doctors and medical advisors to the extent necessary to assess the insurance cover while respecting statutory provisions on data protection. In such cases, all parties involved are released from the obligation to maintain professional secrecy or patient confidentiality with respect to CSS.

The undersigned person is entitled to request information about the data pertaining to him or her that is being processed. Consent to the processing of data may be revoked at any time.

Legal entity for basic insurance (KVG): CSS Kranken-Versicherung AG, legal entity for supplementary insurance (VVG): CSS Versicherung AG

Place

Date

Signature of the insured person or his or her legal representative

Address of the insurer:

CSS, Special Insurance Competence Centre, P.O. Box 2568, 6002 Lucerne