

Reimbursement All-round comfort services Livo

CSS pays a share of all-round comfort services under "Health Insurance Livo Top" supplementary insurance – for an inpatient stay (page 2) – for an outpatient procedure (page 3)

To benefit from contributions towards all-round comfort services, this form must be completed in full and submitted together with the supporting documents via myCSS or by post to the following address: CSS, Postfach 2550, 6002 Luzern.

Personal details		
Insured person		
First name	Sumame	Date of birth
Street, house number	Ţ.	Postcode/town
	d you have? (Please tick only one opt	
What type of treatment did	vernight stay) – please go straight	
What type of treatment did	vernight stay) – please go straight	to page 2
What type of treatment did	vernight stay) – please go straight	to page 2
What type of treatment did Inpatient stay (with o	vernight stay) – please go straight	to page 2
What type of treatment did Inpatient stay (with o Date of admission Clinic/hospital	vernight stay) – please go straight	to page 2
What type of treatment did Inpatient stay (with o Date of admission Clinic/hospital	vernight stay) – please go straight	to page 2
What type of treatment did Inpatient stay (with o Date of admission Clinic/hospital Outpatient procedure	vernight stay) – please go straight	to page 2
What type of treatment did Inpatient stay (with o Date of admission Clinic/hospital Outpatient procedure	vernight stay) – please go straight	to page 2

inpatient stay		
Which all-round comfort services did you Tick all the services used.	use?	
All-round comfort services (as featured	on the "All-round co	omfort" benefits list)
Parking charges		
Cost of travel to and from appointmen	nt (public transport ar	nd third parties)
Meal service (incl. restaurant and deli	very service)	
External childcare		
External pet care		
Additional notes - The all-round comfort services may be of must be submitted along with the completion. No documents issued by family member - All-round comfort services may be obtained as the submitted along with the completion.	eted reimbursement rs or friends will be a	ccepted.
Place	Date	Insured person or legal representative
F		
For CSS use only		

Collective payment office no. Additional benefits under hospitalisation insurance F 8055.99

2.2 Outpatient procedure What type of procedure was carried out? Tick the appropriate specialism. Specialism (as featured on the "Outpatient procedures and treatments" benefits list) Cataract Musculoskeletal system Hand surgery Foot surgery (excl. bunion) Removal of bone implants (osteosynthesis material) Knee arthroscopy, incl. meniscus procedures Heart Cardiac catheter Pacemaker Vascular surgery Varicose vein treatment Other vascular reconstruction (excl. coronary) Surgery Haemorrhoid procedures Hernia surgery Surgical treatment of anal fistulas Umbilical hernia surgery Gynaecology Cervical procedures Uterine procedures Urology Circumcision Fragmentation of gallstones, urinary and bladder stones using extracorporeal shock wave lithotripsy (ECSWL) Ear-nose-throat (ENT) Tonsillotomy Adenoidectomy Which all-round comfort services did you use? Tick all the services used. All-round comfort services (as featured on the "All-round comfort" benefits list) Parking charges Cost of travel to and from appointment (public transport and third parties) Meal service (incl. restaurant and delivery service) External childcare External pet care Additional notes - To benefit from contributions towards all-round comfort services, the outpatient procedure performed must feature on the "Outpatient procedures and treatments" benefits list (css.ch/livo). - The all-round comfort services may be obtained directly from the provider. Receipts or proofs of payment must be submitted along with the completed reimbursement form by post or via myCSS. - No documents issued by family members or friends will be accepted. - All-round comfort services may be obtained for up to three days after the outpatient procedure. - Supporting documents issued directly by a service provider (as featured on the "Service providers for outpatient procedures" list) can also be submitted along with the completed reimbursement form by post or via myCSS. Signature Place Date Insured person or legal representative

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Collective payment office no.

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