For persons insured with CSS under a family doctor model

Referral confirmation

I hereby refer my patient

Client number

First name and surname

Date of birth

Living in

to the following specialist for a maximum period of 12 months

First name

Surname

Street / house number

Postcode / town

Referral date

Family doctor's stamp and signature

This referral confirmation must be **signed by the family doctor** and presented to the specialist or hospital **before treatment begins**, then sent to CSS by the insured person.

Upload via QR code or alternatively by post:

CSS
Customer Service Center
Postfach
6002 Luzern

Without confirmation of referral, the health insurer will not cover any treatment costs billed by specialists or any stays in hospital or at a spa, in accordance with the regulations on Family Doctor Insurance. You can find everything you need to know about family doctor model at **css.ch/profit**