

Elective treatment abroad

Health Insurance Livo Top Premium (VVG) myFlex Premium Outpatient and Hospitalisation (VVG)

This form must be completed by the insured person or their legal representative.
Please send the form to us as quickly as possible and before the scheduled start of the treatment abroad
by email to private.assistance@css.ch
Without this information, we are unable to review your entitlement to benefits.

If you have any questions about this, please give us a call on +41 (0)844 277 772 or send an email to private.assistance@css.ch

Client number

1 General information

First name	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street, house number	Postcode/town	
<input type="text"/>	<input type="text"/>	
Email	Phone	
<input type="text"/>	<input type="text"/>	

2 Type of treatment

- Outpatient procedure
- Inpatient stay (with overnight stay)

3 Elective treatment abroad

Treatment date

Further treatment (please tick if this is not the first treatment received for this medical case).

Medical reason for treatment/diagnosis¹

Name of doctor and clinic or hospital

Address/country

4 Additional documents

¹If submitting a request for laboratory tests, x-ray, radiology or imaging procedures, you must first provide us with a doctor's prescription.

We also reserve the right to ask you for additional information or a medical report.

Place	Date	Signature of the insured person or their legal representative
<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal entity for supplementary insurance (VVG): CSS Versicherung AG

Please submit form to:
private.assistance@css.ch

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