Patient Master Data List

SCHULTHESS KLINIK

Name | First name | Date of birth

Street address/number | Postal code/ZIP

Phone home | Phone mobile | Phone business | Fiscal domicile

Denomination | Profession | Employer (address, phone)/self-employed/others

Place of residence | Nationality

Gender:
☐ male ☐ female

Marital status:
☐ single ☐ married
☐ divorced ☐ widowed

Person to contact (for minors: address of parents) | Phone of person to contact

Referring physician: name and address | Family physician: name and address

Insurance coverage questions

Please check the status of your insurance coverage for this hospital stay and let us have a copy of any applicable insurance coverage certifications.

1. The treatment is covered by the following insurance type

☐ Accident Date of accident: _____ ☐ Health

2. Please list insurance coverage type (accident and health).

Accident insurance coverage:
☐ general ward ☐ home canton ☐ all of Switzerland
☐ semi-private ward ☐ home canton ☐ all of Switzerland
☐ private ward ☐ home canton ☐ all of Switzerland

Health insurance coverage:
☐ general ward ☐ home canton ☐ all of Switzerland
☐ semi-private ward ☐ home canton ☐ all of Switzerland
☐ private ward ☐ home canton ☐ all of Switzerland

Accident/disability or military insurance coverage | Membership/insurance number

Basic health insurance coverage – membership/insurance number (KVG) / Section

Supplemental accident insurance | Membership/insurance number

Supplemental health insurance coverage – membership/insurance number (VVG) / Section

☐ Self-pay patient/deposit required

Remarks

The clinic will settle accounts with the insurers directly. The patient is solely responsible for the accuracy of all data submitted and for paying all the costs not covered by insurance. The hospital's current list of tariffs and services is binding.

Place/date **Signature of patient** **Signature of spouse or legal guardian**