

Details of the inpatient procedure (Nanny Service)

Date of hospitalization:

Name of the clinic or hospital:

Reason for treatment/diagnosis:
(Not mandatory)

The data you enter will be processed by Helsana Supplementary Insurances Ltd (PO Box, 8081 Zurich) for the purpose of invoice verification.

The data will not be forwarded to third parties. You can find further information about data protection in our Privacy Policy at helsana.ch/data-protection.

The health insurance provider will make the payment to the patient.

I hereby confirm that I have read the form and completed it correctly and in full.

Place and date

Signature of insured person