



Stammdatenblatt Englisch

Patient – Personal details	
Surname	
First name	
Date of birth	
Physical address: street, house number, postal code, city, country	
Insurance policy number	
Compulsory health insurance	
Exemption from fees (yes/no)	
Employer	
Phone number	
e-mail	
Contact person (name, phone number)	

Insuree	
Surname and first name	
Insurance policy number	
family relationship (father, mother, ...)	
Compulsory health insurance	
Physical address: street, house number, postal code, city, country	

Complementary insurance / private insurance / travel insurance	