

Please use this form for your next submission

The administration as well as the filing of documents is very cost-intensive. In order to be able to work even more effectively and customer-oriented, we decided to manage the entire inbox electronically and to destroy the documents according to data protection requirements. The reproduction of any individual document is, of course, always possible. Please help us to process your submissions faster by

- no longer stapling/tacking the documents
- refraining from submitting additional pharmacy receipts if the purchase price is shown on the pertinent prescription
- refraining from submitting bank remittance slips; we do not need these for refunding
- continuing to use the return form prepared for you to always guarantee a correct and fast sending.

Please note the following:

- Only submit original vouchers! Did another cost unit need the original? In this case, the invoice copy with the refund note of the other cost unit is sufficient.
- The vouchers of the treating units must include:
 - the name of the treated person
 - the description of the disease (diagnosis)
 - data on the individual medical services including the codes of the applied fee regulation
 - and the relevant treatment dates
- Please submit invoices on remedies and aids together with the prescriptions of the treating person.
For technical aids (e. g. invalid chairs) we may provide you with a low-priced and competent source! Please talk to us before buying!
- Describe the accident details for any accident!
Was it an industrial accident, an accident at work or school accident? In this case, please submit the cost vouchers first to your statutory accident insurance for them to make and confirm their refund. Please then send the cost vouchers with the refund endorsement to us.
- Direct settlements only for treatments in Germany.

Thank you very much for your assistance.

← Please fold here

Do you have any questions? Simply call us!

The phone number of your contact is printed on the letter on the benefit settlement.

Policy number: _____

This imprint can be used for addressing in a window letter envelope.

Please send your documents to the address on the left. Thus, they are directly sent to the competent contact and can be processed immediately.

**INTER Krankenversicherung AG
Direktion*Leistungsabteilung
Postfach 10 16 41
68016 Mannheim**

For you and our control, you may list your cost vouchers in the following table!

Policy number: _____

Is the treatment a consequence of an accident? yes no

Please provide a brief description of the accident.

Shall INTER pay the costs directly to the doctor? Yes(Y)/No(N)

First name	Amount			Amount			Amount			Amount		
Cost type	Y	N		Y	N		Y	N		Y	N	
Medical treatment												
only out-patient costs												
Prescriptions												
(please summarize)												
Remedies												
(baths, massages, irradiations)												
Aids												
(glasses, bandages, etc.)												
Hospital costs												
Including treatment expenses in the hospital												
Dentist's fees												
Other												
Total												
										Total		

- Please do not clasp vouchers -

Name of account holder: _____

IBAN (Intern. Bank Account No.) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____

Date

Signature

Please read the notes on the back before completing and returning. Thank you!