

# How to check your medical bills.

By carefully checking each bill that you receive as a patient, you can help to avoid unnecessary costs – and have a positive effect on your premiums. CSS cannot know exactly what treatment you received.

You are the only one who is able to check certain items on your bill and notify CSS of any irregularities, e.g. an incorrect reason for treatment. We thank you for checking the points set out below.

## TP-Rechnung

Release ■ 4.3G **M**

<b>Dokument</b>	■ 123 456789 03.01.2014 09:52:51			Seite ■ 1
<b>Rechnungssteller</b>	EAN-Nr. ■ 7601234567890	Dr. med. A. Muster	• Beispielweg • 4600 Olten	
	ZSR-Nr. ■ x999999	Tel. 062 123 45 67	Fax 062 123 45 68	E-Mail:
<b>Leistungserbringer</b>	EAN-Nr. ■ 7601234567890	Dr. med. A. Muster	• Beispielweg • 4600 Olten	
	ZSR-Nr./NIF-Nr. ■ x999999	Tel. 062 123 45 67	Fax 062 123 45 68	E-Mail: <b>B</b>

<b>Patient</b>	Name ■ MUSTER	EAN-Nr. ■ 7601003000078
	Vorname ■ Hans	
	Strasse ■ Stadtstrasse 88 <b>A</b>	
	PLZ ■ 9988	
	Ort ■ Musterort	CSS
	Geburtsdatum ■ 01.12.1960	Service-Center
	Geschlecht ■ M	Postfach 2550
	Unfalldatum ■	6002 Luzern
	Unfall-/Verfüg.Nr. ■	
	AHV-Nr. ■	
	Versicherten-Nr. ■ 12345678	
	Betriebs-Nr./-Name ■	
	Kanton ■ LU	
	Rechnungskopie ■ Nein	
	Vergütungsart ■ TP	
	Gesetz ■ KVG <b>C</b>	
	Behandlungsgrund ■ Krankheit <b>C</b>	
	Behandlung ■ 12.03.2021	Rechnungsnr. ■ Xyz-666-11
	Erbringungsort ■ Praxis	Rechnungs-/Mahndatum ■ 03.04.2021

<b>Auftraggeber</b>	EAN-Nr./ZSR-Nr. ■ /
<b>Diagnose</b>	■
<b>EAN-Liste</b>	■
<b>Bemerkung</b>	

Datum	Tarif	Tarifziffer	Bezugsziffer	Si ST	Anzahl	TP AL/ Preis	f AL	TPW AL TL	TP TL	f TL	TPW TL	A V P M	Betrag
12.03.2021	400	1234567		1	1.00	8.55		1.00				1 2 1 2	8.55
			Medikament Filmtabl 1mg m Farbzusatz 30 Stk										
<b>D</b> 12.03.2021	001	00.0010		1	1.00	10.42	1.00	0.82	8.19	1.00	0.82	1 2 1 0	15.26
			Konsultation, erste 5 Min. (Grundkonsultation)										
12.03.2021	001	00.0020	00.0010	1	4.00	10.42	1.00	0.82	8.19	1.00	0.82	1 2 1 0	61.05
			+ Konsultation, jede weiteren 5 Min. (Konsultationszuschlag) <b>E</b>										
12.03.2021	001	24.0015	00.0010	1	1.00	10.42	1.00	0.82	10.76	1.00	0.82	1 2 1 0	19.24
			Untersuchung durch den Facharzt										

**A Personal details:**  
Is your date of birth and address correct?

**B Attending service provider:**  
Is the service provider who treated you stated correctly?

**C Reason for treatment:**  
What prompted the treatment: illness, accident, maternity or preventive health measures?

**D Date:** Is the treatment/dispensing date correct?

**E Tariff code + units:**  
Describes the nature and quantity of items that are being billed:

- Check the medication item: Are the pack size and the number of packs you received correct?
- Check the length of treatment: Does the time given correspond roughly to the total duration of your treatment?
- Check the aids item: Were you given a whole pack, or just one bandage?

### How to check your bill

1. If you have not received a copy of the bill, request one from your doctor or hospital, or from CSS directly by calling 0844 277 277. The service provider is required by law to provide you with a copy.
2. Check through the points A–E that are described on the front of this page.
3. If anything is incorrect or unclear, please do not hesitate to call the CSS Contact Centre on 0844 277 277, or the service provider, to request a corrected bill.

### The refund process

Send the bill to the following address (do not enclose a payment slip): CSS, Service-Center, Postfach 2550, 6002 Luzern

It's even faster with myCSS or the myCSS app: simply scan your bills and submit them directly online. Register at [css.ch/mycss](https://css.ch/mycss)

## Other service providers.

Bills from other service providers such as physiotherapists may be set out differently. Whatever the format, you should always check the following points:

<b>Inpatient treatment:</b>	Personal details, attending service provider, reason for treatment, date
<b>Pharmacies:</b>	Medication, pack size, number of packs, reason for treatment
<b>Physiotherapy:</b>	Personal details, reason for treatment, date, number of sessions
<b>Alternative medicine:</b>	Type of therapy, duration, service provider, reason for treatment
<b>Spitex/nursing/midwife:</b>	Duration of care, services billed, dates services provided, nursing supplies, medication

#### Note on flat-rate fee for emergencies

An emergency flat rate may be charged only if the specialist deals with or visits the patient immediately. The flat-rate fee may not be claimed if you had to wait in the waiting room or at the hospital's emergency unit.