

For persons insured with CSS under a family doctor model

Referral confirmation

I hereby refer my patient

First name

Surname

Date of birth

Living in

to the following specialist for a maximum period of 12 months

First name

Surname

Street/house number

Postcode/town

Referral date

Family doctor's stamp and signature

Client number

Signature of patient/insured person or their legal representative

This referral confirmation must be **signed by the family doctor** and presented to the specialist or hospital **before treatment begins**, then sent to CSS by the insured person **immediately by email, via the myCSS app or by post**.

CSS
Customer Service Center
Postfach
6002 Luzern
info@css.ch

Without confirmation of referral, the health insurer will not cover any treatment costs billed by specialists or any stays in hospital or at a spa, in accordance with the regulations on Family Doctor Insurance. You can download this document at www.css.ch/downloads or request it from the Customer Service Center on 0844 277 277.