

# Form for planned treatment abroad

## myFlex Premium Outpatient and Hospitalisation supplementary insurance (VVG)

This form must be completed by the insured person or their legal representative. Please send the form as soon as possible to the following email address: [private.assistance@css.ch](mailto:private.assistance@css.ch). Without this information, we will not be able to verify your entitlement to benefits.

If you have any questions, please contact our Private Assistance service on 0844 277 772.

### 1 General information

First name	Last name	Date of birth	Client number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street, house number	Postcode, town	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 2 Type of treatment

Outpatient

Inpatient

### 3 Planned treatment abroad

Date of treatment	Medical reason for treatment/Diagnosis <sup>1</sup>
<input type="text"/>	<input type="text"/>
Name of doctor	Address/country
<input type="text"/>	<input type="text"/>

Follow-up treatment

### 4 Required documents

<sup>1</sup>A doctor's prescription is required for all commitments to provide coverage for laboratory analyses, radiological examinations and examinations using radiography or imaging techniques.

We reserve the right to ask you for more information or for a medical report, according to the circumstances.

Legal entity for supplementary insurance (VVG): CSS Assurance SA

If you have any questions on this matter, please contact Private Assistance by calling 0844 277 772 or emailing [private.assistance@css.ch](mailto:private.assistance@css.ch).

Place	Date	Signature of the insured person or his or her legal representative
<input type="text"/>	<input type="text"/>	<input type="text"/>