Claim Form for Travel Health Insurance

envivas Krankenversicherung AG

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www.envivas.de

Envivas Krankenversicherung AG
LeistungsService
Gereonswall 68

50670 Köln

How to claim

Please complete the claim form and send it to the above address along with the following documents:

- original medical bills
- documents that show when your trip started and ended (for example booking references, travel tickets, hotel receipts)
- copies of invoices that show any reimbursement TK may already have made

Second name, first name of policyholder

Date of birth

Street, No

Postal code

City/Town

TK membership No

Telephone No (for enquiries)

Duration of trip from

to

Country where treatment was received

	N°	Amount	Currency
Medical bills & prescriptions			
Hospital bills			
Any other receipts			
Total amount		0,00	

Second name, first name of insured person you are claiming for

Date of birth

Reasons for treatment

699/

Envivas insurance number (if available)

Bank details

IBAN

BIC

Name of bank

Second name, first name of account holder if not the same as policyholder

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