INSELGRUPPE

Administrative check-in form

Data for administrative admission

Surname/first name	
Surname before marriage	
Sex	
Date of birth	
Language	
Nationality	
Street	
Postcode/town	
Phone number	
E-mail	
Occupation	
Marital status	
Commune of domicile	
Employer: Surname/first name	
Employer's address	
Basic insurance	
OASI number	
Insurance card number	
Expiration date	
Supplementary insurance	
Accident insurance	
Date of accident	
Invalidity insurance office	
Invalidity insurance ruling number	
Birth defect number	
Date and signature	

Please return the completed form to:

Insel Gruppe AG, Patientenmanagement Aufnahmen, Haus 6 D, 3010 Bern