

HALLESCHE KRANKENVERSICHERUNG - CLAIM FORM

AMBIGUOUS CLAIM - PARTIAL APPROVAL

Patient Information

Name: Sarah Müller
Policy Number: HALL-345678
Date of Birth: 1990-07-08
Claim Date: 2025-09-05

Treatment Details

Provider: Dr. Garcia, Dental Clinic Barcelona (Spain)
Date of Service: 2025-08-25
Diagnosis: Emergency dental treatment abroad

Claim Items

1. Emergency Dental Consultation

- Amount: €80.00
- Receipt: Clinica Dental Barcelona

2. Root Canal Treatment

- Amount: €340.00
- Receipt: Endodontic specialist

3. Temporary Crown

- Amount: €180.00
- Receipt: Dental laboratory

4. Pain Medication

- Amount: €25.00
- Receipt: Spanish pharmacy

Supporting Documents

- ✓ Emergency treatment certificate
- ✓ Dental X-rays and reports
- ✓ Original invoices (Spanish)
- ✓ German translation by certified translator
- ✓ Travel documentation

Review Notes

△ Requires Manual Assessment

- Foreign treatment verification needed
- Emergency vs. planned treatment determination
- Coverage rate calculation for abroad services

Settlement Summary

- Total Claimed: €625.00
- Foreign exchange rate applied: 1.0 EUR
- Coverage: 70% (foreign emergency dental)
- **Amount Approved: €437.50**
- Processing Time: 7 days (translation required)

CLAIM PARTIALLY APPROVED - Payment processed minus standard deductible