

HALLESCHER KRAKENVERSICHERUNG - CLAIM FORM

INVALID CLAIM - PRE-EXISTING CONDITION

SECTION A - DETAILS OF PRIMARY INSURED

Policy No: HALL-789012
Company/TPA ID: Hallesche Versicherungs-AG (ID: 012345)
Name: Hoffmann, Michael Klaus
Address: Hauptstraße 88, 80331 Munich
Pin Code: 80331
Phone: +49-89-87654321
Email: m.hoffmann@email.com

SECTION B - INSURANCE HISTORY

Currently covered by other insurance: No
Date of first insurance: 01-12-2024
Previous claims in last 4 years: Yes ☒

- Date: 03-2024 Diagnosis: Shoulder impingement syndrome

SECTION C - INSURED PERSON DETAILS

Name: Hoffmann, Michael Klaus
Gender: Male ☒
Age: 39 years
Date of Birth: 22-11-1985
Relationship: Self ☒
Occupation: Self Employed ☒

SECTION D - HOSPITALIZATION DETAILS

Hospital: MVZ Orthopädie Munich
Room Category: Single occupancy ☒
Date of Admission: 15-08-2025
Date of Discharge: 18-08-2025
Hospitalization due to: Illness ☒ (Chronic shoulder condition)
System of Medicine: Allopathic

SECTION E - CLAIM DETAILS

Treatment Expenses:

- Hospital charges (3 days): €1,200.00
- CT scan shoulder: €320.00
- Orthopedic consultation: €150.00
- Physical therapy sessions: €450.00
- Medication: €80.00
- **Total Claimed Amount:** €2,200.00

SECTION F - BILLS ENCLOSED

1. **Hospital main bill** - MVZ Orthopädie - €1,200.00
2. **Radiology invoice** - CT Center Munich - €320.00
3. **Consultation fee** - Dr. Mueller - €150.00
4. **Therapy receipts** - Physio Center - €450.00
5. **Pharmacy bills** - Apotheke Munich - €80.00

SECTION G - BANK DETAILS

Account Number: DE89 1234 5678 9012 3456

Bank: Commerzbank Munich

CLAIM OUTCOME: ✕ DENIED

DENIAL REASONS:

1. **Pre-existing condition exclusion** - Medical records show shoulder problems before policy start date (01-12-2024)
2. **Waiting period violation** - Treatment within 8-month waiting period for orthopedic conditions
3. **Chronic condition** - Ongoing shoulder impingement not covered under acute care provisions

SUPPORTING EVIDENCE:

- Medical history from previous insurer showing shoulder treatment in March 2024
- Policy terms Section 4.2: "Pre-existing conditions excluded for first 48 months"
- Orthopedic assessment confirms chronic degenerative condition

Settlement Amount: €0.00

Appeal Rights: Submit written objection within 30 days

Processing Date: 25-08-2025

Authorized by: Dr. K. Mueller, Medical Reviewer

Hallesche Claims Department