

HALLESCHKE KRANKENVERSICHERUNG - CLAIM FORM

VALID CLAIM - OUTPATIENT TREATMENT

SECTION A - DETAILS OF PRIMARY INSURED

Policy No: HALL-654321
Company/TPA ID: Hallesche Versicherungs-AG (ID: 012345)
Name: Weber, Anna Maria
Address: Musterstraße 45, 10115 Berlin
Pin Code: 10115
Phone: +49-30-12345678
Email: anna.weber@email.com

SECTION B - INSURANCE HISTORY

Currently covered by other insurance: No
Date of first insurance: 15-01-2020
Previous claims in last 4 years: No

SECTION C - INSURED PERSON DETAILS

Name: Weber, Anna Maria
Gender: Female ☒
Age: 35 years
Date of Birth: 15-03-1988
Relationship: Self ☒
Occupation: Service ☒

SECTION D - TREATMENT DETAILS

Provider: Dr. Schmidt Hausarztpraxis
Date of Treatment: 08-09-2025
Treatment Type: Outpatient Consultation ☒
Diagnosis: Routine annual health check-up

SECTION E - CLAIM DETAILS

Treatment Expenses:

- Physician consultation: €65.00
- Laboratory tests (blood work): €45.00
- Preventive screening: €0.00
- **Total Claimed Amount:** €110.00

SECTION F - BILLS ENCLOSED

1. **Original physician invoice** - Dr. Schmidt - €65.00
2. **Laboratory receipt** - Labor Berlin - €45.00
3. **Prevention certificate** - Annual check-up

SECTION G - BANK DETAILS

Account Number: DE12 3456 7890 1234 5678

Bank: Deutsche Bank Berlin

IBAN: DE12 3456 7890 1234 5678

CLAIM OUTCOME: ✓ APPROVED

Settlement Amount: €110.00

Processing Time: 2 business days

Payment Status: Transferred to bank account

Date: 10-09-2025 **Place:** Berlin

Signature: A. Weber