Registration for outpatient and inpatient patients

SPITAL LACHEN
IHR GESUNDHEITSZENTRUM AM SEE

Please complete and return/bring with you.

Copy of invoice required? ☐ Yes ☐ No
EPR access registered? ☐ Yes ☐ No

Personal details

☐ Male ☐ Female

Last name

First name

Birth name

Date of birth (day/month/year)

OASI number

Place of citizenship/nationality

Telephone

Email[1]

Address

Street/No.

Postcode and place

Canton

Tax residence

Street/No.

Postcode/City

Canton

Marital status

☐ Single ☐ Divorced
☐ Married ☐ Separated
☐ Widowed ☐ Registered partnership

Denomination

☐ Roman Catholic ☐ Non-denominational
☐ Protestant ☐ Orthodox
☐ Muslim ☐ No information
☐ Other

Contact person 1

First name/Last name

Date of birth (day/month/year)

Street and no.

Postcode/City

Telephone

Relation to you

Contact person 2

First name/Last name

Date of birth (day/month/year)

Street and no.

Postcode/City

Telephone

Relation to you

Deputyship available?

☐ Yes ☐ No

Which?

Where there is a written authorisation as an authorised representative/legally appointed representative, the authorised representative shall provide a copy of this authorisation.

Reason for hospital admission

☐ Illness ☐ Maternity
☐ Accident ☐ Prevention

General practitioner

Name

Postcode/City

☐ No general practitioner

Health insurance provider

Name of basic insurance (CHI)

Insurance card no.

Name of supplementary insurance

Insurance card no.

Accident insurance (only to be completed in case of accident)

Name of basic insurance

Name of supplementary insurance

Claim number

Date of accident

Insured patient group[2]

☐ General, canton of residence ☐ Semi-private
☐ General, Switzerland ☐ Private
☐ Procedure/Self-paying ☐ Excluded?
☐ Yes ☐ No

Which exclusion?

Desired inpatient treatment[2]

☐ General ☐ Family room (for births) *
☐ Semi-private ☐ Upgrade semi-private *
☐ Private ☐ Upgrade private *

* Subject to charge

Free choice of doctor?

☐ Yes Doctor
☐ No Delegation to the hospital

Employer (only fill out for accidents)

Company

Postcode/City

☐ Self-employed ☐ Pupil/student
☐ Homemaker ☐ Pensioner
☐ Unemployed ☐ Unemployed (registered with RAV)
☐ Employee < 8 hours/week ☐ Employee > 8 hours/week

[1] By providing my email address, I agree that the hospital will communicate with me by email in unencrypted form.

[2] I undertake to bear all costs not borne by insurers or third parties myself.

I acknowledge that Spital Lachen AG assumes no responsibility or liability for personal effects (personal belongings), valuables or cash/credit cards brought with me.

Date Signature