

Administrative check-in form

If you are unable to register online, please return this completed form in an A Mail envelope to the following address (regardless of where your treatment is taking place):

Inselspital
Patient Management
CH-3010 Bern

Data for administrative admission

Last name / First name

Last name single

Gender

Date of birth

Language

Nationality

Street

ZIP / City

Private phone

E-Mail

Profession

Marital status

Documents deposited in (municipality)

Employer

Last name / first name

Adress

Insurance details

Name Basic insurance provider

N° AHV.

Card number

Expiry date

Name Complementary insurance provider

Name Accident insurance provider

Date of accident

Invalidity insurance agency

N° DI. (Invalidity insurance ruling)

IV Congenital disability

Date and signature
