



# ICM

## INSTITUT FÜR CHINESISCHE MEDIZIN

### Personal Information

Surname:	Name:	
Street / House No.	Postcode / City:	
Home Tel.:	Business Tel.:	
e-mail:		
Date of Birth:	Occupation:	
Marital Status:	Insurance:	
Do you have supplementary insurance for alternative medicine?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you insured by an HMO?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been referred to us by a doctor?		Name:
How did you hear of us?		
<p>In order to get reimbursement for your treatment with us, you will have to have supplementary health insurance for alternative medicine.</p> <p>If you are HMO-insured, you will require the above mentioned, as well as a visit to your doctor(GP), who will write you a referral. The number of treatment visits are usually determined by your health insurance/ doctor. The SUVA covers CHF. 40.-/per treatment visit.</p> <p>Please check with your health insurance prior to treatment for all questions on reimbursement.</p> <p>We have a 24-hour cancellation policy, any cancellations done after will be charged.</p>		

Basel, (date)

Signature