

RESCUE CARD CLAIM FORM

PATIENT INFORMATION

Last name, First name

Address

Date of birth

Phone Number

Email address

Date of transport

Employer

Refund's beneficiary

(Last name, First name, address)

IBAN or postal account

Bank

Air-Glaciers membership number

Name of health insurance (LAMal)

Name of complementary insurance

OTHER SERVICE PROVIDERS

Are you a holder of one of the following rescue cards?

Air Zermatt N°

Rega N°

AAA N°

Are you entitled to supplementary benefits?

yes no

CONTACT PERSON AND/OR LEGAL GUARDIAN (IF DIFFERENT FROM PATIENT DETAILS)

Last name

First name

In order to process your request, please send us the following documents by email or post :

DOCUMENTS TO ATTACH

Copy of transport invoice

Insurance statements

Your claim will be examined as soon as we receive all the required documents

Should any documents be missing, Air-Glaciers reserves itself the right not to follow up with your claim

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