AIR-GLACIERS

RESCUE CARD CLAIM FORM

PATIENT INFORMATION
Last name, First name, Date of Birth
Address
Phone number
Email address
Date of transport
Rescue reason
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 in possession of the TCS emergency protection booklet?	☐ yes	☐ no
Are you registered with a compensation fund and therefore entitled to supplementary benefits?	☐ yes	☐ no

CONTACT PERSON AND/OR LEGAL GUARDIAN (IF DIFFERENT FROM PATIENT DETAILS)
Last name, First name, Phone number, Email address

DOCUMENTS TO SEND, PER EMAIL OR POST	
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 itselfs the right not to follow up with your claim.

☐ **I authorise Air-Glaciers to contact my insurers and take the necessary steps to obtain the missing documents or information for my claim.**

Signature: _____

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