Stark umrandete Felder sind vom Rechnungsleger auszufüllen!

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| Stempel des Rechnungslegers | Eingelangt am: | Rechnungs-Nr. SVT: |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | DVSV-VP-Nr.: |  |  |  |  |  |  | | UID-Nr.: |  |  |  |  |  |  |  |  |  |  | |  | Monat, Jahr |

An die

Österreichische Gesundheitskasse

Musterstraße

Musterort

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| **Deckblatt für Heilbehelfe / Hilfsmittel - Abrechnung** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Übermittlungsart: |  |  |  |  | | --- | --- | | Internet: ELDA |  | | |  |  | | --- | --- | | Übermittler (Fa. Name): |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | DVSV-VP-Nummer: |  |  |  |  |  |  | |
|  |  |
| |  |  | | --- | --- | | Rechnungsnummer: |  |   (Firmenintern v. Vertragspartner) | |  |  | | --- | --- | | Gesamt - Nettobetrag: |  |  |  |  | | --- | --- | | Umsatzsteuer: |  |  |  |  | | --- | --- | | Gesamt-Rechnungssumme: |  |  |  |  | | --- | --- | | Anzahl Rezeptgebühren: |  |  |  |  | | --- | --- | | Summe Rezeptgebühren: |  | |
| |  |  | | --- | --- | | Anzahl der Verordnungen: |  |  |  |  | | --- | --- | | Bankverbindung: |  |  |  |  | | --- | --- | | IBAN: |  |  |  |  | | --- | --- | | BIC: |  |  |  |  | | --- | --- | | Ausstellungsdatum: |  | |
| |  |  | | --- | --- | | Leistungserbringer: |  |  |  |  | | --- | --- | | DVSV-VP-Nummer: |  | |
| E-Mailadresse (wenn vorhanden): | |
| Telefonnummer: | |

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| Anmerkungen: |