Stark umrandete Felder sind vom Rechnungsleger auszufüllen!

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

 |  |  Monat, Jahr |

An die

Österreichische Gesundheitskasse

Musterstraße

Musterort

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

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| Übermittlungsart: |  |

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| Internet: ELDA |  |

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| Übermittler (Fa. Name): |  |

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| DVSV-VP-Nummer: |  |  |  |  |  |  |

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| Rechnungsnummer: |  |

 (Firmenintern v. Vertragspartner) |

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| Gesamt - Nettobetrag: |  |

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| Umsatzsteuer: |  |

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| Gesamt-Rechnungssumme: |  |

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| Anzahl Rezeptgebühren: |  |

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| Summe Rezeptgebühren: |  |

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| Anzahl der Verordnungen: |  |

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| Bankverbindung: |  |

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| IBAN: |  |

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| BIC: |  |

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| Ausstellungsdatum: |  |

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| Leistungserbringer: |  |

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| DVSV-VP-Nummer: |  |

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| E-Mailadresse (wenn vorhanden):  |
| Telefonnummer:  |

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| Anmerkungen: |