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| --- | --- | --- | --- | --- | --- | --- |
| […] |  | | […] | | | |
|  | | Datum | | | |
| Stempel des Arztes/der Ärztin |  | | Name, Vorname der verletzten Person | | | Geburtsdatum |
|  | |  | […] | | | […] |
| […] | |  | Unfallbetrieb | | | |
| […] | | | |
| Unfalltag | AZ des UV-Trägers | | |
| […] | […] | | |
|  | allgemeine Heilbehandlung | | besondere Heilbehandlung | |

**Rechnung** für Auswahl Behandlung

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Datum | Gebührennummer UV-GOÄ | Gebühr EUR |  | | Besondere Kosten EUR | |  | Bemerkungen |
| […] | […] | […] | | | […] | | | […] |
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| Zahlungsempfänger/Zahlungsempfängerin:  […] | | | | | Zahlungsempfänger/Zahlungsempfängerin:  […] | | | |
| Rechnungsnummer  […] | | | |  |  | Rechnungsnummer  […] | | |
| **Institutionskennzeichen (IK)**  […]  **Falls kein IK** – Bankverbindung (IBAN) – | | | |  |  | **Institutionskennzeichen (IK)**  […]  **Falls kein IK** – Bankverbindung (IBAN) – | | |