Specimen

1-

Document	Identification	1 63 258 234		Page: 1
Invoice	GLN-No. (B)	1020000000000	AERZTEKASSE GENOSSENSCHAFT	Tel. 044.000.10.00
issued by:	ZSR-No. (B)		SCHAFFHAUSERSTRASSE 470 - 8052 ZURICH	Fax 044.000.10.01
Service	GLN-No. (P)		DR KARIN MUSTER	Tel.
provider: 2	ZSR-No. (P)	Z000010	- 8052 ZURICH	Fax

Patient 3 Surname MUSTER
First name PETER

Street MUSTERSTRASSE 31

Post Code 8000
Place ZURICH
Date of birth 26.03.1950

Gender
Case date
Case No.

AHV No. 756.9999.9999.15 VEKA No. 7000000000000000000

Insured member's No.
Canton ZH
Copy Yes

Type of refund TG
Law KVG

Contract No.

Treatment 04.09.2023 - 04.09.2023

Business No. / Name

Role/Place PHYSICIAN/PRACTICE

Mr PETER MUSTER MUSTERSTRASSE 31 8000 ZURICH

KoGu-Date/No.

5 Invoice date/No. 08.09.2023/163258234/0000449
Reminder date / No.

Reason for treatment DISEASE

Referrer GLN/ZSR-No. 6																			
Diagnosis 7																			
GLN list 8 1/760000000000 2/760000000001																			
Remark																			
Date	Tariff	Tariff No.	Reference No	. Si	St	Qty		TP AL	fAL	TPW AL		TP TL	fTL	TPW TL	А	V	P	M	Amount
04.09.2023	001	00.0010		1		1.00		9.57		0.89		8.19		0.89	1	1	1		15.81
CONSULTATION, FIRST 5 MINUTES (BASIC CONSULTATION)																			
04.09.2023	001	00.0020	00.0010	1		1.00		9.57		0.89		8.19		0.89	1	1	1		15.81
+ CONSULTATION, EACH FURTHER 5 MINUTES (CONSULTATION SUPPLEMENT)																			
04.09.2023	001	00.0030	00.0010	1		1.00		4.78		0.89		4.10		0.89	1	1	1		7.90
		+ CONSULTATION, LAST 5 MINUTES (CONSULTATION SUPPLEMENT)																	
9	10			11	12	13		14	15	16		17	18	19	20	21	22	23	24

- 1 Issuer: Ärztekasse or physician who bills the service
- 2 Service provider: physician or institution that provided the service and is authorised to bill for it

GLN No. = identification number for persons and institutions

ZSR No. = service provider's billing number

- 3 Patient: patient's personal particulars
- 4 Address of invoice recipient
- 5 Invoice date / No.: invoice date and invoice No.
- 6 Referrer: referring physician if treatment was requested
- 7 Diagnosis: diagnosis code taken from diagnosis list
- 8 GLN list: identification number listing for participating persons and institutions
- 9 Date: treatment dates
- Tariff: No. of applied tariff (e.g.: 001 = TARMED, 316 = Analysis list laboratory services)
- 11 Si: session number
- 12 St: body side concerned (L = left, R = right, blank = not relevant)
- 13 Quantity: quantity billed per tariff heading
- 14 TP AL: fee point for physician's service, e.g. "Consultation first five minutes" assessed at 9.57 fee points

- 15 fAL: scaling factor for physician's service fee point; e.g. a factor of 0.93 gives a discount of 7 %
- 16 TPW AL: fee point value for the medical service
- 17 TP TL: fee point for technical service
- **18 fTL:** scaling factor for technical service fee point; e.g. a factor of 0.93 gives a discount of 7 %
- 19 TPW TL: fee point value for technical service

if the service provider is liable for VAT)

- 20 A: attending physician. The number refers to the GLN list (point 8)
- 21 V: physician responsible. The number refers to the GLN list (point 8)
- **22 P:** compulsory benefit code (1 = Compulsory benefit, 0 = Non-compulsory benefit)
- M: VAT code. The number refers to the VAT table at the foot of the invoice (but only
- 24 Amount: tariff item amount in CHF is calculated from: quantity x ((fee point for physician's service x scaling factor for physician's service x fee point value for physician's service) + (fee point for technical service x fee point value for technical service))
- 25 Total amount: total invoiced sum in CHF

VAT No.: Currency: CHF Down payment: 0.00 25 Total amount: 39.50 of which PFL: 39.50

Amount payable: 39.50

