|  |  |  |
| --- | --- | --- |
| […] |  | […] |
|  | 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

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| --- | --- | --- | --- | --- |
| Datum | GebührennummerUV-GOÄ | GebührEUR | Besondere KostenEUR | Bemerkungen |
| […] | […] | […] | […] | […] |
| […] | […] | […] | […] | […] |
| […] | […] | […] | […] | […] |
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| […] | […] | […] | […] | […] |
|  | […] EUR | […] EUR |  |
|  | zuzüglich | […] EUR |  |  |  |
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| Rechnungsnummer[…] | **Institutionskennzeichen (IK)**[…]**Falls kein IK** - Bankverbindung - |