|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | Aktenzeichen UV-Träger: […] | |  | **Rechnungssteller/in:**  […] |
| […] | |  |  | |  |
|  | Name, Vorname d. vers. Person.: […] | |  |
|  |  | |  |
|  | Geburtsdatum: […] | |  |
|  |  | |  |
|  | **Nur nachrichtlich, wenn nicht Rechnungssteller/in:**  Akustikbetrieb: […] | |  | Datum: […] |
|  |  |  |
|  | |  |  | Rechnungs-Nr.: […] |
|  |  | |  | |  |  |
| **1** | **Ergänzende Angaben** | |  | Bearbeitet von: […] |
|  |  | |  | |  |  |
| 1.1 | Datum der Erstberatung der versicherten Person (§ 4 Nr. 1 VbgHG): | | | […] | | IK: […] |
|  |  | | |  | |  |
| 1.2 | Datum der Leistungserbringung  (z. B. Auslieferung der Hörgeräte): | | | […] | | Steuer-Nr.: […] |
|  |  | | |  | |  |
| 1.3 | Beginn des Versorgungszeitraums: | | | […] | | |
|  |  | | |  | |  |
| 1.4 | Abrechnung: | | |  | | |
|  |  | | |  | |  |
| 1.4.1 | Kat. 1 VbgHG mit Versorgungspauschale | | |  | |  |
|  |  | | |  | |  |
| 1.4.2 | Kat. 2 VbgHG mit Versorgungspauschale | | |  | |  |
|  |  | | |  | |  |
| 1.4.3 | Kat. 3 VbgHG mit Versorgungspauschale | | |  | |  |
|  |  | | |  | |  |
| 1.4.4 | Nach VbgHG ohne Versorgungspauschale (Altfall) | | |  | |  |
|  |  | | |  | |  |
| 1.4.5 | Sonstige Leistungen nach KVA | | |  | |  |
|  |  | | |  | |  |
| 1.5 | Sonderwünsche (§ 3 Nr. 5 VbgHG): | | | Nein  Ja  […] Wenn ja, bitte unter Pos. 7 spezifizieren | | |

|  |  |
| --- | --- |
| **2** | **Rechnung** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| Pos. | HMV-Nr. | Bezeichnung | Beschreibung | Preis in EUR | Menge | Gesamtpreis  (Brutto)  EUR | inkl. 19 % MwSt.  EUR | inkl. 7 % MwSt.  EUR | Bemerkungen (z. B. Begründung für Kat. 2-Versorgung, Bemerkungen zur Ausstattung Kat. 3 /  zu Sonderwünschen) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 1 | […] | […] | […] | […] | […] | […] | […] | […] | […] |
|  |  |  |  |  |  |  |  |  |  |
| 2 | […] | […] | […] | […] | […] | […] | […] | […] | […] |
|  |  |  |  |  |  |  |  |  |  |
| 3 | […] | […] | […] | […] | […] | […] | […] | […] | […] |
|  |  |  |  |  |  |  |  |  |  |
| 4 | […] | […] | […] | […] | […] | […] | […] | […] | […] |
|  |  |  |  |  |  |  |  |  |  |
| 5 | […] | […] | […] | […] | […] | […] | […] | […] | […] |
|  |  |  |  |  |  |  |  |  |  |
| 6 | Gebühr | Übermittlung |  |  |  | […] |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |
|  | | | | **Gesamtbetrag** | | […] | […] | […] |  |
|  | | | |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 7 | […] | Sonderwunsch: […] | Beschreibung: […] | […] |  |  | […] | […] | […] |
|  |  |  |  |  |  |  |  |  |  |

Anlagen: -  Unterlagen über die Anpassung  
 - Empfangsbestätigung