Send to Labour Market Insurance (AES) Arbejdsmarkedet Erhvervssikring Kongens Vænge 8

DK-3400 Hillerød

Important information before filling out your application

- Your disease must be recognised by Labour Market Insurance (AES) as an industrial injury (occupational disease).
- · There must be a direct correlation between your occupational disease and the treatment.
- Your doctor must document that your treatment is necessary in order for you to recover optimally from your disease, as otherwise it will worsen.
- AES only pays expenses (your own payment/patient share) that you have not been paid for by public subsidies or the health insurance "Danmark".
- Any potential compensation is paid out as a lump sum.

Print the application and fill it out together with your doctor. Remember to sign it. Make a copy of your documentation and send it alongside your application to:

Labour Market Insurance (AES)
Arbejdsmarkedets Erhvervssikring
Kongens Vænge 8
DK-3400 Hillerød

Telephone +45 72 20 60 00 - aes@atp.dk

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Labour Market Insurance (AES)
Arbejdsmarkedets
Erhvervssikring
Kongens Vænge 8
DK-3400 Hillerød

Labour Market Insurance (AES)

Application for payment of future treatment expenses

Your information		
Name	AES case no., for exam	ple 123456-7890/01/80/V2
If relevant, email address	Phone no.	
Are you a member of the health insurance "Danmark"?	Yes	□ No
If yes - which group?	Basis	1
	_ 2	5
Which expenses do you wish to be paid for? (for example, mo	edicine, disposable gloves, et	c.)
	, ,	,
Declaration		
I have read "Important information before filling out your application" and am attact (for example, receipts from the pharmacy, invoice from physiotherapist, medical and	hing documentation for all of my expenses cupuncture or chiropractor)	
Date and signature		

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Labour Market Insurance (AES) Information from the doctor:

our information	
Name	AES case no., for example 123456-7890/01/80/
formation from your doctor:	
he doctor's name	SE no. or civil registration number
ne doctor's description of needed treatments	s now and in the future
What type of treatment have you prescribed?	s now and in the future
What medication must the patient take and how much in one year	r (fill out medication card)
The modern much the parish take and not made in one year	. (iiii oa moadaan cara)
How long do you expect that the patient will take the mentioned m	nedication?
ion ong ao you expost that the patient will take the monitories in	iodicatori.
ES pays your fee for filling out the form. See 'Yo	our payment' on the next page.
, , ,	, ,
Date and signature and, if relevant, stamp	

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Labour Market Insurance (AES)Medication card

Your in	form	ation

Tour morniques	
Name	AES case no., for example 123456-7890/01/80/V2

Type of medication	Concentration	Dosis per day	Start date	End date

Your payment

You must send an e-invoice (e-faktura) to Labour Market Insurance, Payment (AESU) who will pay your fee. Labour Market Insurance, Payment (AESU) only receives electronic invoices, so you <u>cannot</u> send a physical invoice.

Information for your e-invoice
IBAN number: 5790002265891
Labour Market Insurance, Payment (AESU)

Kongens Vænge 8, DK-3400 Hillerød The patient's civil registration number: Order reference:

Order referen Description: Certificate

Your CVR number or civil registration number