

**Patient Questionnaire to receive Cost Contributions for breathe ilo**

Insured Party:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Health Insurance Nr: \_\_\_\_\_

Information about spouse / partner:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insured with: Merck BKK:  Other: \_\_\_\_\_

Information on pregnancies

Pregnancy / pregnancies occurred in a natural manner in the past:

Yes:  No:

I have a child / children: Yes:  No:

Information about hormonal contraception:

I stopped hormonal contraception \_\_\_\_\_ months ago. Since then my / our desire to have children has remained unfulfilled.

Claim:

After consulting my doctor, I am / we are applying for the Cost Contribution for breathe ilo.

\_\_\_\_\_  
Place and Date

\_\_\_\_\_  
Signature

**Did you know?** Our cost contribution increases if both you and your husband / life partner are insured with Merck BKK. We would be happy to advise you on your membership under the number 06151-722256. We look forward to your call!

**Doctor's Questionnaire to receive Cost Contributions for breathe ilo**

Insured Patient:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Health Insurance Nr: \_\_\_\_\_

The following medical clarifications for the above mentioned patient have taken place and can rule out a contraindication to the use of breathe ilo. (please tick the appropriate box):

Conception could not be achieved naturally :  since: \_\_\_\_\_

Contraceptives are no longer used:  since: \_\_\_\_\_

Basic Diagnostics:

Exclusion of hormonal cycle disorder:

Abnormal cycle rythm:

Ovulation takes place:

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Due to previous diagnostic clarifications and the so far unfulfilled desire for a child of the above mentioned patient, she is – from a medical point of view- recommended to use breathe ilo to support further therapy decisions..

Yes:

No:

\_\_\_\_\_  
Place and Date

\_\_\_\_\_  
Signature and Doctor's Stamp