

Arbejdsmarkedets Erhvervssikring

Information for Labour Market Insurance for the purposes of Labour Market Insurance's assessment of future medical costs, cf. the Workers' Compensation Act (this form is to be used for transfer of the claim form to Labour Market Insurance and subsequently as needed).

In the table below, please state the payments and aids etc. that the insurance company has paid for, as well as the payments that the insurance company has undertaken to make in pursuance of subsections (1) and (2) of section 15 of the Workers' Compensation Act. If, under "Payments undertaken", the insurance company is unable to fill in "Period" and/or "Total price", it suffices to fill in "Number". Please note: It is not necessary to send copies of documents regarding payments if the form below has been filled in. But always enclose copies of bills for medication.

Injured person's ID/file number with Labour Market Insurance: _____ (please state file No. if available)

Name of injured person: _____

Insurer's AES code: FS _____ Name _____ Claim No.: _____

Paid	Payments undertaken:
Physiotherapy	
Number of sessions:	Number:
Period:	Period:
Total price: *	Total price: *
Chiropractor treatments:	
Number:	Number:
Period:	Period:
Total price: *	Total price: *
Other biophysical treatments (acupuncture, manual medicine etc.):	
Type of treatment:	Type of treatment:
Number:	Number:
Period:	Period:
Total price: *	Total price: *
Psychology treatments:	
Number:	Number:
Period:	Period:
Total price: *	Total price: *
Aids:	
Number:	Number:
Period:	Period:
Total price: @	Total price: @
Medication:	
<i>If payments have been made for medication due to the injury, please send copy of receipts to Labour Market Insurance</i>	
Period:	Period:
Total price *	Total price: *
Others: (State type, number and price)	Others: (State type, number and price)

* After deduction of subsidy from the public health service and the insurance company Sygeforsikringen Danmark

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