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| ÖGK | | | anderer Kostenträger: |
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Unterschrift / Vertragsarztstempiglie:

Abrechnungszeitraum: _____ / _____

Arzt: _____

VPN: _____

Integrierte Palliativbetreuung

| Patient | | | | | | Erstbetreuung | | Folgebetreuung | |
|-------------|---------|---------------------|----|----|----|---------------|-----|----------------|-----|
| Familiename | Vorname | Versicherungsnummer | | | | von | bis | von | bis |
| | | VSNR | TT | MM | JJ | | | | |
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