

FINANCIAL COMMITMENT FORM

To be submitted at the reception. The financial commitment is valid for visits to the appointed medical center.

Mehiläinen Customer Service Unit / switch 010 414 0112
Centralized Booking / 010 414 0666, www.mehilainen.fi

Employee name:

Employee identification number:

The company name and IT number (Always fill in this field):

Invoicing address:

Date of the appointment:

The appointed medical center:

Financial commitment form concern following services:

Date and signature of the employer: