

PAYMENT COMMITMENT (From the employer)

Presented upon registration. The payment commitment is per visit to the designated clinic and is valid for the duration of the employment relationship, unless otherwise agreed with the employer.

Mehiläinen Customer Service 010 414 00 / www.mehilainen.fi

You can send the payment commitment by email to
ajanvaraus.palveluneuvonta@mehilainen.fi

Employee's name:

Personal Identification Number:

Employer and customer number:

Billing address:

Visit date:

Clinic:

Payment commitment applies to the following services:

Date and employer's signature: