

■ Procedure for submitting medical costs and/or other documents

**In order to be able to identify your mail, please be so kind as to comply with the method defined hereafter.
You are free to collect all documents and transmit them by one single mail.
A complete and conveniently organized file contributes to a smooth handling of the file.**

Documents available to you on our website <http://www.agemployeebenefits.be>

- «**Claim notification**»
- «**Request for reimbursement of medical costs**»

■ If you wish to submit a new file claim together with the medical costs :

Step 1 : Fill out the «**Claim notification**» form carefully (front-back side)

Step 2 : Fill out section 1 «Identification» of the form «**Request for reimbursement of medical costs**».

Step 3 : Fill out sections 2 and 3 of the form «**Request for reimbursement of medical costs**», on the basis of the classified and numbered documents in proof relating to the person and illness and which fall in the covered period.

Such documents in proof are the following:

- Original and detailed hospitalization invoices (+ appendices if any);
- Invoice for the transportation by ambulance (transmit such invoice to the sickness fund firstly);
- For the costs of medication:
you will require your **pharmacist** to provide you with a «certificate of reimbursable pharmaceutical subscriptions within the framework of a complementary insurance», this is a memo which contains the patient's name and first name, the physician's name, the date of delivery, the detailed list of the products with name and price;
- For the costs of ambulatory care:
you require your **sickness fund** to provide you with a review of all the subscriptions relating to the relevant person and period;
- For any subscriptions which do not figure on the previous reviews:
the invoices and/or fee bills.

Step 4 : Send your file to :
AG Insurance – Health Care
Bd. E. Jacqmain, 53
1000 Brussels

■ If you wish to submit complementary costs for an existing file :

- Fill out section 1 of the «**Request for reimbursement of medical costs**».
- Repeat steps 3 and 4 as defined here above.

■ For all other correspondence :

- Indicate the references AG Insurance of your file (if known).
- Indicate always your employer's data (name and group no.*)
- Stick a sickness fund voucher with mention of your birth date and clearly indicate your name, first name and birth date.
- Use the address mentioned under step 4 here above.

* should you not know the group number, you may require your employer to provide you with it.

Thank you in advance.

Request for reimbursement of medical costs

Documents available to you on our website <http://www.agemployeebenefits.be>

Section 1 : Identification

Employer : Group no :

Staff member : Name First name

Birth date :/...../..... References AG Insurance if known :/...../...../.....

Address :

E-mail address :@.....

Telephone number :

Bank account no - IBAN : □□□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□
 - BIC : □□□□□□□□□□

Patient : Stick here a sickness fund voucher and add the birth date or fill in below :

Name
 First name
 Birth date/...../.....

Sickness fund voucher

Section 2 : Hospitalization

If the request relates to one or hospitalization invoices (+ ambulance if any) :

- Fill out below and add the original detailed invoice(s) and appendices if any

Document in proof		Hospitalization invoices				
No.	Hospitalization period from until					EUR
Amount charged to the patient:						EUR
No.	Hospitalization period from until					EUR
Amount charged to the patient:						EUR
No.	Transportation by ambulance	Date /..... /.....	Paid EUR	Sickness fund EUR	Charged to EUR	

Section 3 : Pre and post hospitalization / ambulatory costs

If the request relates to the reimbursement of ambulatory costs : For the relevant person and illness, number and add the documents in proof of the costs which fall within the covered period, and fill out the tables below.

Document in proof		Pharmacist's costs : medication, bandages, ...					
No.	Date /..... /.....	Paid		No.	Date /..... /.....	Paid	
..... /..... /..... /..... /.....	
..... /..... /..... /..... /.....	
..... /..... /..... /..... /.....	
..... /..... /..... /..... /.....	
						Total in EUR

Document in proof		Medical care : consultations, doctor's visits, examinations, kinesitherapist, other ...				
No.	Date /..... /.....	Doctor's name	Paid	Sickness fund	Charged to	
..... /..... /.....	
..... /..... /.....	
..... /..... /.....	
..... /..... /.....	
..... /..... /.....	
..... /..... /.....	
					Total in EUR

If required fill out various forms.

Date: /..... /.....

Please send your file to : **AG Insurance - Health Care**
Bd. E. Jacqmain, 53
1000 Brussels

Thank you for your cooperation

Signature :