



DOCUMENTS TO BE ATTACHED FOR REQUESTS FOR REIMBURSEMENT

Please take a few moments to read this summary - this will facilitate the treatment of your requests for reimbursement. Remember to attach the GAPI medical service agreement for all treatment subject to prior approval.

You are at 1^{er} euro

	Treatment dispensed in France	Treatment dispensed outside of France
Conventional public service healthcare	<p>The CERFA treatment form form issued by the medical practitioner comprising:</p> <ul style="list-style-type: none"> ■ Your social security number, ■ The names, forenames, and date of birth of the treatment, ■ Beneficiary, your signature at the bottom of the page <p>OR</p> <p>If the treatment is dispensed in a healthcare establishment, the notification of the amounts to be paid providing details of the dispensed healthcare, accompanied by proof of payment.</p> <p>+</p> <p>The medical prescriptions for the following costs:</p> <ul style="list-style-type: none"> ■ Medication, ■ Medical analysis and imaging, ■ Appliances, apparatus, ■ Transport, ■ Series of medical acts, ■ Costs of optical treatment (specifying the dioptré) 	<p>The GAPI form comprising:</p> <ul style="list-style-type: none"> ■ GAPI membership number, ■ The names, forenames and date of birth of the treatment beneficiary, ■ The nature and date of the dispensed healthcare, ■ The practitioner's specialty, ■ The amount paid to the healthcare professional, ■ The practitioner's official stamp, <p>+</p> <p>The receipts of payment or detailed invoices bearing the official mention 'paid' for each treatment.</p> <p>+</p> <p>The medical prescriptions for the following costs:</p> <ul style="list-style-type: none"> ■ Medication, ■ Medical analysis and imaging, ■ Appliances, apparatus, ■ Transport, ■ Series of medical acts, ■ Costs of optical treatment (specifying the dioptré)
Hospitalization	<p>In order to benefit from exemption of advance payment for hospitalization, (uniquely where hospital stay exceeds 24 h) you should contact GAPI to establish an order to bear the costs directly (after prior approval of the GAPI medical service</p> <p>OR</p> <p>If the establishment does not operate a third party payment policy, you should contact us directly for reimbursement:</p> <p>The invoice paid statement (accompanied where necessary by the relevant CERFA healthcare forms) for the private healthcare institutions.</p> <p>OR</p> <p>The summary of the amounts for payment specifying the healthcare dispensed, and accompanied by the receipt of payment for the private healthcare institutions. .</p> <p>+</p> <p>The receipts/attestations of payment</p> <p>+</p> <p>The status report mentioning the admission and discharge dates.</p>	<p>In order to benefit from exemption of advance payment for costs of hospitalization, (uniquely where hospital stay exceeds 24 hours) you should contact the company providing assistance for which the number is printed on your membership card (after prior approval of the GAPI medical service)..</p> <p>OR</p> <p>The GAPI form comprising:</p> <ul style="list-style-type: none"> ■ Your GAPI membership number, <p>Otherwise, you should send us:</p> <ul style="list-style-type: none"> ■ The names, forenames, and date of birth of the hospitalized patient, ■ The respective entry and discharge dates of the hospital / medical institution, ■ The medical service where you have stayed for your treatment. <p>+</p> <p>The original invoices with details of the costs of your stay accompanied, where necessary, by the doctors' fees and those of the medical auxiliary personnel.</p> <p>+</p> <p>The receipts /attestations of payment</p> <p>+</p> <p>The status report mentioning the admission and discharge dates..</p>

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SARL with capital of 55000 € - RCS PARIS 490 676 228 - Company regulated by professional insurers' code under the authority of 'Autorité de Contrôle Prudentiel et de Résolution - 61 rue Taitbout

75436 Paris cedex 09 Souscripteur d'une assurance Responsabilité civile et Garantie Financière QBE N° GFICAP0005190 et N°ICAP0005189

Claims Service : GAPI - Claims Service - 16 rue de la Fontaine au Roi 75011 Paris – Tél: (33) 01 44 69 50 20



You are additionally with CFE

	Treatment dispensed in France	Treatment dispensed outside of France
Conventional public service healthcare	<p>The CERFA treatment form issued by the medical practitioner comprising:</p> <ul style="list-style-type: none"> ■ Your social security number, ■ The names, forenames, and date of birth of the treatment beneficiary, ■ Your signature at the bottom of the page <p>OR</p> <p>If the treatment is dispensed in a healthcare establishment, the notification of the amounts to be paid providing details of the dispensed healthcare, accompanied by proof of payment.</p> <p>+</p> <p>The medical prescriptions for the following costs:</p> <ul style="list-style-type: none"> ■ Medication, ■ Medical analysis and imaging, ■ Appliances, apparatus, ■ Transport, ■ Series of medical acts, ■ Costs of optical treatment (specifying the dioptré) 	<p>The CFE form comprising:</p> <ul style="list-style-type: none"> ■ Your social security number, ■ Your GAPI membership number, ■ The names, forenames, and date of birth of the treatment beneficiary, ■ The nature and date of the dispensed healthcare, ■ The practitioner's specialty, ■ The amount paid to the healthcare professional, ■ The practitioner's official stamp <p>+</p> <p>The payment receipts or the detailed original invoices bearing the official mention 'paid' for each treatment..</p> <p>+</p> <p>The medical prescriptions for the following costs:</p> <ul style="list-style-type: none"> ■ Medication, ■ Medical analysis and imaging, ■ Appliances, apparatus, ■ Transport, ■ Series of medical acts, ■ Costs of optical treatment (specifying the dioptré)
Hospitalization	<p>In order to benefit from exemption of advance payment on costs of hospitalization, (uniquely where hospital stay exceeds 24 hours) you must :</p> <ul style="list-style-type: none"> ■ Present your CFE health insurance membership card to the admissions service of the hospital or medical institution, ■ Contact GAPI to establish an order to bear the costs directly (after prior approval of the GAPI medical service) <p>OR</p> <p>If the establishment does not operate a third party payment policy, you should contact us directly for reimbursement</p> <p>The invoice paid statement (accompanied where necessary by the relevant CERFA healthcare forms) for the private healthcare institutions</p> <p>OR</p> <p>The summary of the amounts for payment specifying the healthcare dispensed, and accompanied by the receipt of payment for the private healthcare institutions. .</p> <p>+</p> <p>The receipts/attestations of payment</p> <p>+</p> <p>The status report mentioning the admission and discharge dates.</p>	<p>In order to benefit from exemption of advance payment for costs of hospitalization, (uniquely where hospital stay exceeds 24 hours) you should contact the company providing assistance for which the number is printed on your membership card (after prior approval of the GAPI medical service.</p> <p>OR</p> <p>The CFE form comprising:</p> <ul style="list-style-type: none"> ■ Your Social security number, , ■ Your GAPI membership number, ■ The names, forenames, and date of birth of the hospitalized patient, ■ The respective entry and discharge dates of the hospital / medical institution, The medical service where you have stayed for your treatment. <p>+</p> <p>The original invoices with details of the costs of your stay accompanied, where necessary, by the doctors' fees and those of the medical auxiliary personnel.</p> <p>+</p> <p>The receipts /attestations of payment</p> <p>+</p> <p>The status report mentioning the admission and discharge dates.</p>