



DOCUMENTS TO BE ATTACHED FOR REQUESTS FOR PRIOR APPROVAL

Do you have a request for prior approval for submission?

Please find hereafter, according to the nature of the treatment, the necessary documents to allow our medical service to study your request. Unless received within the time limits, your request for reimbursement will be refused.

In the instance of emergency treatment, the identical elements will be requested in the 3 days following the dispensation of treatment, the medical prescriptions should demonstrate the urgent nature of the treatment. The detailed estimations will have to be replaced by copies of invoices mentioning the date of the treatment. The examination medical reports will have to be attached to the request.

	Treatment dispensed in France	Treatment dispensed outside of France
Hospitalization	HOSPITALIZATION PROGRAMME (10 days before the treatment)	
	<ul style="list-style-type: none"> ■ A medical report indicating: <ul style="list-style-type: none"> • The diagnosis and / or the symptoms (and date of the first appearance of the symptoms), • The nature of the medical treatment and / or surgery (code acte CCAM), • The examination results having indicated the diagnosis for the first time, • The circumstances of the accident where applicable, • The medical follow up (new interventions, physiotherapy, bandaging, monitoring examinations...), + ■ A detailed estimate indicating: <ul style="list-style-type: none"> • The costs of the hospital stay duration (except where included in the policy) • The medical costs • The fees in excess of the policy cover • The single occupancy room + ■ The complete contact details of the particular hospital / medical institution, + ■ The dates of the hospital stay duration as currently foreseen. 	<ul style="list-style-type: none"> ■ A medical report indicating: <ul style="list-style-type: none"> • The diagnosis and / or the symptoms (and date of the first appearance of the symptoms), • The nature of the medical treatment and / or surgery, • The examination results having indicated the diagnosis for the first time, • The circumstances of the accident where applicable, • The medical follow up (new interventions, physiotherapy, bandaging, monitoring examinations...), + ■ A detailed estimate indicating: <ul style="list-style-type: none"> • The costs of the hospital stay duration (except where included in the policy) • The medical costs • The fees in excess of the policy cover • The single occupancy room + ■ The complete contact details of the particular hospital / medical institution, + ■ The dates of the hospital stay duration as currently foreseen.
EMERGENCY HOSPITALIZATION (in the 3 days following admission to the hospital)		
	<ul style="list-style-type: none"> ■ The identical medical elements as applicable for a programmed hospitalization attaching additionally: <ul style="list-style-type: none"> • if the hospitalization is completed, the operation and / or hospitalization reports, + ■ The same financial elements as for a programmed hospitalization except where the hospitalization is terminated, in which case to be replaced by a copy of the invoice, + ■ The complete contact details of the hospital / medical institution, + ■ The status report if the hospitalization is terminated or the date of admission and the date of discharge as foreseen. 	<ul style="list-style-type: none"> ■ The identical medical elements as applicable for a programmed hospitalization attaching additionally: <ul style="list-style-type: none"> • if the hospitalization is completed, the operation and / or hospitalization reports, + ■ The same financial elements as for a programmed hospitalization except where the hospitalization is terminated, in which case to be replaced by a copy of the invoice, + ■ the complete contact details of the hospital / medical institution, + ■ The status report if the hospitalization is terminated or the date of admission and the date of discharge as foreseen.

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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

	Treatment dispensed in France	Treatment dispensed outside of France
Normal medical activities (imagery, biology, technical acts)	<ul style="list-style-type: none"> ■ The medical prescription indicating : <ul style="list-style-type: none"> • The symptoms and the date of their first appearance, • The nature of the foreseen examinations (code act CCAM), • The copy of the reports of previous examinations, + ■ A detailed estimate, + ■ The complete contact details of the medical surgery and the practitioner, + ■ The date of the treatment as foreseen. 	<ul style="list-style-type: none"> ■ The medical prescription indicating : <ul style="list-style-type: none"> • The symptoms and the date of their first appearance, • The nature of the foreseen examinations, • The copy of the reports of previous examinations, + ■ A detailed estimate, + ■ The complete contact details of the medical surgery and the practitioner, + ■ The date of the treatment as foreseen.
Series of Acts	<ul style="list-style-type: none"> ■ The medical prescription indicating : <ul style="list-style-type: none"> • The diagnosis as well as the date of the first diagnosis or the first observation of the symptoms, • The number of appointments, • The copies of the previous examination reports, + ■ A detailed estimate, mentioning the tarif by appointment and its CCAM codification, in the case of over tarification, the practitioner must provide justification, + ■ the complete contact details of the medical surgery and the practitioner (official stamp of the practitioner is mandatory), + ■ The date of the commencement of treatment as foreseen, + ■ The intermediate medical reports in case of a request for prolongation of treatment. 	<ul style="list-style-type: none"> ■ The medical prescription indicating : <ul style="list-style-type: none"> • The diagnosis as well as the date of the first diagnosis or the first observation of the symptoms, • The number of appointments, • The copies of the previous examination reports, + ■ A detailed estimate, mentioning the tarif by appointment, + ■ the complete contact details of the medical surgery and the practitioner (official stamp of the practitioner is mandatory), + ■ The date of the commencement of treatment as foreseen, + ■ The intermediate medical reports in case of a request for prolongation of treatment.
	DENTAL TREATMENT INCLUDING PROSTHODONTICS	
Dental Treatment	<ul style="list-style-type: none"> ■ The copy of the panoramic radiology and / or the report, + ■ The detailed treatment plan of the practitioner mentioning the number of teeth to be treated. + ■ A detailed estimate, + ■ The complete contact details of the medical surgery and the practitioner (official stamp of the practitioner is mandatory), + ■ The date of the commencement of treatment as foreseen. 	<ul style="list-style-type: none"> ■ The copy of the panoramic radiology and / or the report, + ■ The detailed treatment plan of the practitioner mentioning the number of teeth to be treated. + ■ A detailed estimate, + ■ The complete contact details of the medical surgery and the practitioner (official stamp of the practitioner is mandatory), + ■ The date of the commencement of treatment as foreseen.
	ORTHODONTICS (paediatric)	
	<ul style="list-style-type: none"> ■ The copy of the panoramic radiology and / or the report, + ■ The detailed treatment plan of the practitioner , + ■ a detailed estimate mentioning the foreseen duration of treatment, + ■ The complete contact details of the medical surgery and the practitioner (official stamp of the practitioner is mandatory), + ■ The date of the commencement of treatment as foreseen. 	<ul style="list-style-type: none"> ■ The copy of the panoramic radiology and / or the report, + ■ The detailed treatment plan of the practitioner , + ■ a detailed estimate mentioning the foreseen duration of treatment, + ■ The complete contact details of the medical surgery and the practitioner (official stamp of the practitioner is mandatory), + ■ The date of the commencement of treatment as foreseen.

	Treatment dispensed in France	Treatment dispensed outside of France
Medical prosthesis assembly	<ul style="list-style-type: none"> ■ A complete medical report indicating: <ul style="list-style-type: none"> • The diagnosis, the date of the first diagnosis and any previous treatment where relevant, • The circumstances of the accident where applicable, + ■ A detailed estimate indicating: <ul style="list-style-type: none"> • The costs of assembly, • The costs of fitting the assembly, + ■ The complete contact details of the medical surgery and the practitioner (official stamp of the practitioner is mandatory), + ■ The date of the treatment as foreseen. 	<ul style="list-style-type: none"> ■ A complete medical report indicating: <ul style="list-style-type: none"> • The diagnosis, the date of the first diagnosis and any previous treatment where relevant, • The circumstances of the accident where applicable, + ■ A detailed estimate indicating: <ul style="list-style-type: none"> • The costs of assembly, • The costs of fitting the assembly, + ■ The complete contact details of the medical surgery and the practitioner (official stamp of the practitioner is mandatory), + ■ The date of the treatment as foreseen.
Treatment of sterility	<ul style="list-style-type: none"> ■ A complete medical report detailing the nature of the infertility and the foreseen sequence of treatment (treatment protocol), + ■ A detailed estimate: + ■ The complete contact details of the medical surgery and the practitioner (official stamp of the practitioner is mandatory), + ■ The date of the treatment as foreseen. 	<ul style="list-style-type: none"> ■ A complete medical report detailing the nature of the infertility and the foreseen sequence of treatment (treatment protocol), + ■ A detailed estimate: + ■ The complete contact details of the medical surgery and the practitioner (official stamp of the practitioner is mandatory), + ■ The date of the treatment as foreseen.
Optical (refractive surgery of the eye)	<ul style="list-style-type: none"> ■ A complete medical report detailing the nature of the intervention and the degree of correction, + ■ A detailed estimate: + ■ The complete contact details of the medical surgery and the practitioner (official stamp of the practitioner is mandatory), + ■ The date of the treatment as foreseen. 	<ul style="list-style-type: none"> ■ A complete medical report detailing the nature of the intervention and the degree of correction, + ■ A detailed estimate: + ■ The complete contact details of the medical surgery and the practitioner (official stamp of the practitioner is mandatory), + ■ The date of the treatment as foreseen.