



An AEA Company

MEDICAL EXPENSES CLAIM FORM

IMPORTANT: Please ensure to submit ONE CLAIM FORM and all relative supporting documents for EACH and SINGLE DIAGNOSIS. This will greatly assist us in processing your claim. Thank you.

INSURED DETAILS (to be completed by the insured)

LAST NAME		FIRST NAME	
FULL ADDRESS (street, city, postal code, country)			
TEL NO.	+ ()	EMAIL ADDRESS	
DATE OF BIRTH	/ /	POLICY NUMBER	

CLAIM DETAILS (to be completed by the insured)

BENEFIT TYPE **SICKNESS** **ACCIDENT**

For sickness only Date of first symptoms / /

New medical condition Continuing medical condition

For accident only Date of accident / /

TREATMENT TYPE **OUT PATIENT** **IN PATIENT** **PHARMACEUTICALS**

For in-out patient only Date of consultation 1 / / Date of Consultation 2 / /

General Practitioner Specialist: _____ X-rays Laboratory exams

Dental Care / Prosthesis Other Prosthesis / Optical Medical auxiliaries

For in-patient only Date of admission / / Date of discharge / /

MEDICAL DETAILS (to be completed by the Treating Doctor)

DIAGNOSIS (in full): _____

(Please specify hereafter further details)

Medical Certificate attached (Please tick the box if a medical certificate is available and put it together with the present claim form)

Practitioner Signature	Practitioner Stamp	Date / /	Insured Signature

TREATING MEDICAL OFFICER (TMO) / REFERRING DOCTOR	
Name	:
Tel.	:
Fax.	:
Email	:
Address	:

HOSPITAL / MEDICAL FACILITY	
Hospital Name	:
Tel.	:
Fax.	:
Address	:

SUPPORTING DOCUMENTS (to put together with the present Claim Form)

- Original Invoice(s) Proof of Payment Prescription (for pharmaceuticals) Medical Referral (for specialist)

BANK DETAIL (to specify in the event of change since the starting date of the policy)

Bank Name		Branch Name	
Account Beneficiary Name			
Bank Code		Sort Bank Code	
Account No.		Key	

Les demandes de remboursements sont à adresser à : INTERNATIONAL SOS – MIS SANTE - Claims Department

1 rue du Parc - 92306 LEVALLOIS PERRET Cedex France.

Tel +33(0) 1 55 63 32 32 - Fax +33 (0) 1 55 63 31 05 - Email: operations.intl@internationalsos.com