

MEDICAL CLAIM FORM

Complete this form and join the **original paid invoices (feuilles de soin)**, copies of the prescriptions and full **medical report**, copy of your **passport** (identification). The medical documents must always mention the patient's full name, the date of the medical treatment, the name, address and telephone number of the practitioner, the medical facility, the laboratory or the pharmacist. Simple receipts not providing all this information won't be sufficient (a detailed bill is required). Please, group your claims in order to avoid low amounts of reimbursements and make photocopies of all the documents before sending them to:

A.C.S. – Medical Service – To the attention of the Medical Advisor 153 Rue de l'Université 75007 Paris, France

Certificate ID: _____ Date of birth: _____

Family name: _____ Given name: _____

Complete address: _____

Telephone: _____ Personal E-mail: _____

The received treatment is related to:

Accident: Circumstances (date, place, details): _____

Illness/ Diagnosis: Pathology and date: *(Example: Otitis 12th Sept)* _____

Medical or surgical history in direct or indirect relation to the medical condition concerned: _____

Date of the first symptoms/signs: _____

Detail of the invoices related to medical expenses:

Date of treatment	Country	Currency and settled amount	Treatments
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Comments: _____

In case of reimbursement, I would like to receive:

- A check in Euros sent to the following address in France: _____
- A wire transfer to a bank account in Euros (Indicate IBAN number and SWIFT or BIC code)
- A wire transfer to a bank account in a foreign currency (please join an official document indicating the complete banking details and notably the SWIFT Code) **(Note: International transfers subject to variable bank charges and accepted for a minimum reimbursement of 50 Euros)**
- A wire transfer to a third-party account: also forward the account holder's passport copy and a written authorization from the insured stating that he/she agrees to receive the reimbursement on the third-party's account.