



保険金請求書 MEDICAL CLAIM FORM [立替払還付用]

Complete every section of this form and join the original receipted invoices, the copies of the prescriptions and the full medical report and the copy of your passport (identification + entry stamp). All these documents have to 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. The receipts not providing all this information won't be sufficient (a detailed bill is required). Please, group your claims in order to avoid low amount reimbursements and take the precaution of making photocopies of all the documents before sending them to:

A.C.S. - Service médical
153 Rue de l'Université 75007 Paris, France

保険契約者番号/ Certificate ID: \_\_\_\_\_

被保険者/ Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

被保険者詳細

現住所, 郵便番号, 所在国 / Current address: \_\_\_\_\_

電話番号 / Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

医療費内容/ The received treatment is related to:

- 事故によるもの、状況 (日付、場所、明細) , an accident, circumstances (date, place, details):
病名名、診断日/ an illness, diagnosis and date:
手術経験 medical or surgical history in direct or indirect relation to the medical condition concerned:
症状が起こった最初の日付/ date of the first symptoms/signs :

医療費の請求書内容 / Detail of the invoices related to medical expenses :

Table with 4 columns: Date of treatment (診察日 (薬購入日)), Country (国名), settled amount (金額), Treatments (治療内容). Rows 1-5.

コメント/ Comments: \_\_\_\_\_

希望する返済方法 / I would like to receive my reimbursement:

- ユーロでの小切手をフランスの住所に郵送 / by check in euros sent to the following address in France:
フランス内外の銀行口座への送金 / by wire transfer to a French or foreign bank please join complete banking details (下記の内容を別紙に明記してください)

保険金受取口座: 銀行名 <name of bank>, IBAN コード <International Bank Account Number : IBAN>, 支店名 <bank branch>, 支店コード <Branch Identifier Code>, 口座名義人 <name of account holder>, 口座番号 <account number> (Note: the transfers to a foreign account are subject to variable bank charges)

For assistance, contact Mutuaide Assistance open 24 hours a day:

- by phone +33.1.45.16.43.81
by fax +33.1.45.16.63.92 or 33.1.45.16.63.94
by e-mail medical@mutuaide.fr