

Health insurance claims request form



To claim for reimbursement of expenses on your health policy, please fill in the request form and send it to us, with the appropriate invoices.

Insured(s) that received services

Policy no.: _____

Please provide the following information, writing in block capitals

First name and surname(s)	
Insured 1: _____	
ID/Passport no. _____	
Contact tel. _____	E-mail _____

Details for reimbursement of invoices

Complete the appropriate box.

AXA Seguros Generales, S.A. will reimburse the invoices attached by bank transfer.	
Payment recipient <input type="checkbox"/> The Insured that received the service <input type="checkbox"/> Other Insured under the policy First name _____ Surname(s) _____ ID/Passport no. _____	Bank account <input type="checkbox"/> Account number indicated in policy <input type="checkbox"/> Other (provide number and name of holder) _____ _____ (Please remember that the recipient of the payment must be the holder of the bank account)

Outpatient assistance

In order for the invoice(s) to be reimbursed, the Assured must provide the following information.

Health centre or specialist	VAT no.	Speciality	Diagnosis	Date service provided
Invoice 1				
_____	_____	_____	_____	_____
Invoice 2				
_____	_____	_____	_____	_____

Hospitalisation

In order for the invoice(s) to be reimbursed, the appropriate medical report must be attached.

Name of centre _____	Date of admission _____
Reason for hospitalisation _____	Date of discharge _____

The undersigned Insured/Legal Representative certifies that the information provided is complete and accurate, and authorises the doctors of AXA Seguros Generales, S.A. to request any further information that they may require with regard to the same.

In accordance with Law 15/1999, Protection of Personal Data, we inform you that by completing this form, you authorize and consent to the incorporation of the information you provide to a file owned by AXA Seguros Generales, SA de insurance and Reinsurance, with the aim of handling the reimbursement of medical expenses on your health policy.

In the event that the data provided relate to other than interested individuals, the applicant acknowledges having informed and obtained the consent of those for the treatment of your data in accordance with the aforementioned purposes. In the case of minors, if the policyholder / insured is not the legal representative must have the express consent.

You may contact **AXA Insurance and Investment** (Dept. Marketing CRM), Street Emilio Vargas, 6. 28043 Madrid, or telephone 901 900 009 or 933 669 351, to exercise their rights of access, rectification, cancellation and opposition, the legally established terms.

Date and Insured's signature

Send this form, with the invoices, to:

AXA Seguros Generales, S.A.
Departamento de Reembolso de Gastos
Apartado de Correos 61806 FD
28080 Madrid

Please do not send urgent or certified mail to this address.

How to claim for reimbursement of health costs

In order to obtain reimbursement for any costs incurred outside our Healthcare Professionals Directory, you must provide the following information.

1. One **claims request form** per Insured, duly completed.
2. The **original invoices** for the Insured's expenses. According to Royal Decree RD 1619/2012, of November 2012, invoices should contain at least the following information:
 - Invoice number.
 - Date issued.
 - Date when medical services were provided.
 - Business name, VAT number and address of issuer and recipient.
 - Details of the Insured that received treatment: first name and surname(s).
 - Address and tax identification number of the person who is going to receive the invoice.
 - Description of healthcare service provided.
 - A breakdown of the charges.
3. **Medical prescription**, in cases involving means of diagnosis, therapeutic tests, home nursing services or internal prostheses covered.
4. **All medical and/or clinical information** considered necessary to assess and process the claim.

How to send the claims form

For your convenience, you can send us the claims form in the postage-paid envelope attached (no stamp required).

However, if you do not have this envelope and wish to claim for reimbursement of expenses incurred, you can do so by sending full documentation to the following address:

AXA Seguros Generales, S.A.
Departamento de Reembolso de Gastos
Apartado de Correos 61806 FD
28080 Madrid

Please do not send urgent or certified mail to this address

Form of reimbursement

- Reimbursement will be paid within **15 working days** of reception of all necessary documentation.
- Payment will be made by **bank transfer**.

Reminder!

To avoid unnecessary delay in the reimbursement of your expenses, the holder of the bank account and the recipient of payment must be the same person.

How to request a Claims Form

- Access **Canal S@lud** from our website, **www.axa.es**.
- **Contact our Customer Service** Department on **Tel. 902 40 40 84** or **Tel. 91 807 00 55** and we will send a request form to your home address.