

## ■ Procedure for submitting medical costs and/or other documents

**In order to be able to identify your mail, please be so kind as to comply with the method defined hereafter.  
You are free to collect all documents and transmit them by one single mail.  
A complete and conveniently organized file contributes to a smooth handling of the file.**

Documents available to you on our website <http://www.agemployeebenefits.be>

- «**Claim notification**»
- «**Request for reimbursement of medical costs**»

### ■ If you wish to submit a new file claim together with the medical costs :

**Step 1 :** Fill out the «**Claim notification**» form carefully (front-back side)

**Step 2 :** Fill out section 1 «Identification» of the form «**Request for reimbursement of medical costs**».

**Step 3 :** Fill out sections 2 and 3 of the form «**Request for reimbursement of medical costs**», on the basis of the classified and numbered documents in proof relating to the person and illness and which fall in the covered period.

Such documents in proof are the following:

- Original and detailed hospitalization invoices (+ appendices if any);
- Invoice for the transportation by ambulance (transmit such invoice to the sickness fund firstly);
- For the costs of medication:  
you will require your **pharmacist** to provide you with a «certificate of reimbursable pharmaceutical subscriptions within the framework of a complementary insurance», this is a memo which contains the patient's name and first name, the physician's name, the date of delivery, the detailed list of the products with name and price;
- For the costs of ambulatory care:  
you require your **sickness fund** to provide you with a review of all the subscriptions relating to the relevant person and period;
- For any subscriptions which do not figure on the previous reviews:  
the invoices and/or fee bills.

**Step 4 :** Send your file to :  
**AG Insurance – Health Care**  
**Bd. E. Jacqmain, 53**  
**1000 Brussels**

### ■ If you wish to submit complementary costs for an existing file :

- Fill out section 1 of the «**Request for reimbursement of medical costs**».
- Repeat steps 3 and 4 as defined here above.

### ■ For all other correspondence :

- Indicate the references AG Insurance of your file (if known).
- Indicate always your employer's data (name and group no.\*)
- Stick a sickness fund voucher with mention of your birth date and clearly indicate your name, first name and birth date.
- Use the address mentioned under step 4 here above.

\* should you not know the group number, you may require your employer to provide you with it.

**Thank you in advance.**

**Request for reimbursement of medical costs**

Documents available to you on our website <http://www.agemployeebenefits.be>

**Section 1 : Identification**

Employer : ..... Group no : .....

**Staff member :** Name ..... First name .....

Birth date : ...../...../..... References AG Insurance if known : ...../...../...../.....

Address : .....

E-mail address : .....@.....

Telephone number : .....

Bank account no - IBAN : □□□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□

- BIC : □□□□□□□□□□

**Patient :** Stick here a sickness fund voucher and add the birth date or fill in below :

Name .....  
 First name .....  
 Birth date ...../...../.....

Sickness fund voucher

**Section 2 : Hospitalization**

**If the request relates to one or hospitalization invoices (+ ambulance if any) :**

- Fill out below and add the original detailed invoice(s) and appendices if any

Document in proof	Hospitalization invoices				
No. .... .....	Hospitalization period from .....	until .....			
	Amount charged to the patient: .....				EUR
No. .... .....	Hospitalization period from .....	until .....			
	Amount charged to the patient: .....				EUR
No. .... .....	Transportation by ambulance	Date ..... / ..... / .....	Paid .....	Sickness fund .....	Charged to .....
			EUR	EUR	EUR

**Section 3 : Pre and post hospitalization / ambulatory costs**

**If the request relates to the reimbursement of ambulatory costs :** For the relevant person and illness, number and add the documents in proof of the costs which fall within the covered period, and fill out the tables below.

Document in proof	Pharmacist's costs : medication, bandages, ...				
No.	Date	Paid	No.	Date	Paid
.....	..... / ..... / .....	.....	.....	..... / ..... / .....	.....
.....	..... / ..... / .....	.....	.....	..... / ..... / .....	.....
.....	..... / ..... / .....	.....	.....	..... / ..... / .....	.....
.....	..... / ..... / .....	.....	.....	..... / ..... / .....	.....
.....	..... / ..... / .....	.....	.....	..... / ..... / .....	.....
Total in EUR					.....

Document in proof	Medical care : consultations, doctor's visits, examinations, kinesitherapist, other ...				
No.	Date	Doctor's name	Paid	Sickness fund	Charged to
.....	..... / ..... / .....	.....	.....	.....	.....
.....	..... / ..... / .....	.....	.....	.....	.....
.....	..... / ..... / .....	.....	.....	.....	.....
.....	..... / ..... / .....	.....	.....	.....	.....
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.....	..... / ..... / .....	.....	.....	.....	.....
.....	..... / ..... / .....	.....	.....	.....	.....
Total in EUR					.....

If required fill out various forms.  
 Date: ..... / ..... / .....

Please send your file to : **AG Insurance - Health Care**  
**Bd. E. Jacqmain, 53**  
**1000 Brussels**

Thank you for your cooperation

Signature :