

Procedure for submitting outpatient medical costs
for the cover “ Ambucare flexible ”

**In order to be able to identify your mail, please be so kind as to comply with the method defined hereafter.
It is important to mention the reference of your file, if known, otherwise fill in clearly section 1.
A complete and conveniently organized file contributes to a smooth handling of the file.**

Documents available to you on our website: www.myglobalbenefits.aginsurance.be

The document ‘Request for reimbursement of outpatient medical costs’ is divided in 2 sections:

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

Step 2 :

Fill out, for the patient mentioned in section 1, part A till D of section 2, based on the numbered documents of proof. Please use for every insured person a separate document.

Such documents of proof are the following:

- Part A: Outpatient medical costs:

A1: Consultations, doctor visits, examinations, physiotherapy

A2 : Dental Care, orthodontic treatment

A3 : others (medical prostheses, hearing devices,...)

- 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.
- For the costs of medical prostheses and hearing devices: the invoice and document of reimbursement, or certificate which confirms the refusal of intervention by the sickness fund.

- Part B: Pharmacist's costs

- For the medication, bandages,...: 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;

- Part C: optical appliances (frame of glasses, glasses, contact lenses, repairs,...)

- Detailed invoice with a document of reimbursement provided by the sickness fund

- Part D: Dental prostheses (bridges, crowns and implants)

- Detailed invoice with a document of reimbursement provided by the sickness fund

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

Thank you for your cooperation

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

Request for reimbursement of outpatient medical costs

For the cover "Ambucare Flexible"

Documents available to you on our website: www.myglobalbenefits.aginsurance.be

Section 1 : Identification

| | |
|--|---|
| Employer: | Group n°: |
| Employee: Name | First Name |
| Birth date : / / | Reference AG Insurance if known : / / / |
| Address : | |
| E-mail : @ | |
| IBAN/BIC : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone n° : |
| Patient: | |
| Name | |
| First name | |
| Birth date / / | |

Section 2 : outpatient medical costs

For the patient mentioned in section 1, number and join the documents of proof wich fall within the covered period, and fill out the tables below. Please use for every insured person a separate document

A. Medical Care

A.1 consultations, visits, examinations, physiotherapy, treatments,

| N° | Date | Name care supplier | Amount paid | Sickness fund | Charged to |
|-----------|------|--------------------|-------------|---------------|------------|
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| | / / | | | | |
| Total A 1 | | | | | |

A.2 dental care, orthodontic treatment

| | | | | | |
|-----------|-----|--|--|--|--|
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| | / / | | | | |
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| | / / | | | | |
| | / / | | | | |
| Total A 2 | | | | | |

A.3 medical prostheses, hearing devices,...

| | | | | | |
|--------------------|-----|--|--|---------|--|
| | / / | | | | |
| | / / | | | | |
| | / / | | | | |
| Total A 3 | | | | | |
| Total A1 + A2 + A3 | | | | TOTAL € | |

