Medical Department : 03.20.33.96.76
medical@gapigestion.com
From Monday to Friday 9-12 AM & 2-5 PM

REQUEST FOR REIMBURSMENT

Fill in all the sections of this form and add **the original paid invoice(s) and the treatment forms** as well as medical prescriptions and medical reports. **A copy of your insurance certificate** must also be provided in order to identify your contract. Your **bank account details (Sepa Area).** We draw your attention on the fact that the account must be under your own name. If it is not the case, a written proxy and a copy of the ID of the owner's account as well as yours have to be sent If the fees applied were to excess 500 €, we would be grateful if you could send the original documents. Be careful and make a copy of every document before sending them to: :

GAPI-GESTION – Medical Department
Zone d'Activité ACTIBURO
99 Rue Parmentier 59 650 Villeneuve d'Ascq – France

Subscription number:

Last Name: First Name:

Postal Address:

Phone: E-mail:

The medical treatments received are related to:

☐ **Registration opened** with the Assistance Company: ☐ NO ☐ YES N°:

☐ Sickness / Accident : Circumstances (date, places, details), Diagnosis (pathology) and date:

☐ Date of first symptoms:

☐ Medical and Surgical History in direct or indirect link with the concerned pathology:

INVOICES DETAILS:

	Date of Medical Cares	Amount in local currency	Description of Medical Cares	Comments
1				
2				
3				
4				
5				
6				

- For any medical assistance or Request for a direct billing by the Assistance Company in case of hospitalization, contact Mutuaide Assistance (24/7) refer to emergency phone number on your insurance certificate
- For every request for reimbursement of fees related to ambulatory medical cares, contact GAPIGESTION by phone : 33.3.20.33.96.76 or by e-mail at: medical@gapigestion.com

Date:

Signature, preceded by the mention "I solemnly state that the above information is correct and does not contain any false, misleading or incomplete information"

Signature and doctor's stamp