

Request for prior approval

The medical services listed below cover those items which are subject to prior approval by the insurers' medical consultant. In case of doubt on the reimbursement or the conditions applicable for these or other medical services the insurers' advice should be sought prior to the beginning of the treatment.

Staff member	Patient
NAME	NAME
FIRST NAME	FIRST NAME
CIGNA PERS. REF. NO.	DATE OF BIRTH (D-M-Y)
/	RELATIONSHIP <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD

1. Paramedical treatment (prescribed by a doctor)

<input type="checkbox"/> ALTERNATIVE MEDICINE (E.G. CHIROPRACTIC TREATMENT, OSTEOPATHY, ACUPUNCTURE)	SESSIONS
<input type="checkbox"/> PHYSIOTHERAPY	SESSIONS
<input type="checkbox"/> PSYCHOLOGICAL TREATMENT	SESSIONS
<input type="checkbox"/> SPEECH THERAPY	SESSIONS
<input type="checkbox"/> HOME NURSE	DAYS HOURS PER DAY
<input type="checkbox"/> DIETICIAN	SESSIONS
<input type="checkbox"/> PEDICURE	SESSIONS
<input type="checkbox"/> MRI/CT SCAN	SESSIONS
<input type="checkbox"/> MENTAL HEALTH	SESSIONS

2. Orthopaedic appliances (bandages, corsets, soles, shoes, etc)

SPECIFICATION

3. Orthodontic treatment for adults / therapeutic prostheses / crowns / bridges

MAJOR DENTAL CARE (CROWNS, ORTHODONTICS, PROSTHETIC WORK, BRIDGES, IMPLANTS)

4. Inpatient care in a specialised establishment

<input type="checkbox"/> HOSPICE CARE (TERMINALLY ILL)	DAYS
<input type="checkbox"/> REHABILITATION AFTER SURGERY	DAYS
<input type="checkbox"/> SUBSTANCE ABUSE	DAYS

5. Pharmaceutical products (prescribed by a doctor)

VITAMINS

IN SUPPORT OF THIS APPLICATION, I ENCLOSE A SEALED ENVELOPE FOR THE ATTENTION OF THE MEDICAL CONSULTANT, CONTAINING A DETAILED, JUSTIFICATORY REPORT AS WELL AS DETAILS ON THE REQUIRED TREATMENT DATED _____ FROM THE PRESCRIBING PHYSICIAN _____

DATE _____	Section reserved for the insurer's medical consultant
SIGNATURE _____	AUTHORISATION FOR _____
	DATE _____
	SIGNATURE _____

In view of a smooth administration of the contract and/or settlement of the insurance claim, and only for that purpose, I hereby give my specific and informed consent regarding the processing of the medical data concerning myself and/or the members of my family (article 7 of the Belgian law of December 8, 1992 concerning the private life).