



REQUEST FOR PRIOR AGREEMENT

HOSPITALISATION

Hospitalisation can only be reimbursed by **MGEN IB** when it has been the subject of prior agreement by our Medical Commission, pursuant to this document. This document, completed by the Practitioner, must be sent by letter or fax to:

**ACI Gestion – Medical Commission
Administrative Centre
BP 35 - 74270 FRANGY – France
service.medical@bil-assurances.fr - Fax : 33 (0)4 50 02 05 65**

This form must be sent at least 15 days before the planned hospitalisation date.

In case of medically-justified emergency: this form must be sent within 3 days following admission.

The agreement of the Medical Commission concerning hospitalisation authorises the establishment of an agreement to pay expenses, which will be sent directly to the designated establishment. In case of refusal by the Medical Commission, notification will be sent to the patient.

Insured Person

SURNAME: _____
FORENAME : _____
Membership number: _____

PATIENT

SURNAME: _____
FORENAME : _____
Date of birth : _____
Sex : F M

Is treatment subsequent to an accident? YES NO

If so, please attach a detailed description of the circumstances of the accident to this document.

TO BE COMPLETED BY THE ATTENDING PRACTITIONER

PLACE OF PLANNED HOSPITALISATION

ESTABLISHMENT : _____
Address : _____
Telephone : _____
fax : _____
@e-mail : _____

ATTENDING PRACTITIONER

SURNAME: _____
Address : _____
Telephone : _____
fax : _____
@e-mail : _____

Reason for hospitalisation / Clinical signs presented / Precise medical diagnosis: _____

Type of operation planned and treatment programme: _____

Type of complementary examinations considered: _____

Duration of accommodation:

Date of entry ____ / ____ / 20____ For a planned stay of: _____ days

Is it an extension of stay? YES NO

Detailed projected cost of hospitalisation:

Accommodation expenses: € _____ Practitioners' Fees : € _____ Other cost elements: _____ €

Practitioner's signature and stamp

Date : ____ / ____ / 20____

Patient's Signature

I authorise my attending physician to communicate to MGEN IB's consulting physician all medical information necessary to make a decision on my case.