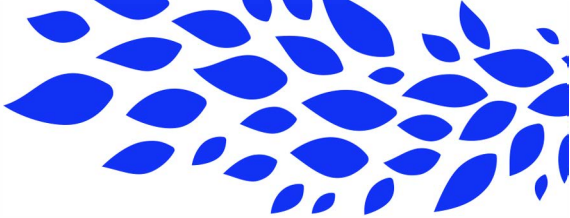


# Medical Claim Form



- 1. Please write clearly in black ink and **BLOCK CAPITALS**.
- 2. This claim form contains personal data. Please don't share this with members outside your family.
- 3. Please complete a separate claim form for each patient and for each currency.
- 4. Return the form and all supporting documentation to WTW via E-Mail: [afs@wtwco.com](mailto:afs@wtwco.com)

Personal reference n°

585 /

Organisation

A F S I n t e r c u l t u r a l P r o g r a m s I n c .

Patient's Home Address

Telephone

Email

PATIENT

Name

Date of birth

D

M

Y

Gender

☐ M ☐ F

CLAIM INFORMATION

Is the claim (partially) related to an accident? ☐ No ☐ Yes

Is the patient a member of another insurance scheme? ☐ No ☐ Yes

If yes, specify the amount and the insurance company and include the insurance statements (settlement notes, invoices, etc.)

Amount and currency Insurance company

Currency	Amount	Invoice date	Nature of expenses	Additional info (e.g diagnosis)
		D <div></div> M <div></div> Y <div></div>		
		D <div></div> M <div></div> Y <div></div>		
		D <div></div> M <div></div> Y <div></div>		
		D <div></div> M <div></div> Y <div></div>		
		D <div></div> M <div></div> Y <div></div>		
Total		country of treatment <div></div>		

PAYMENT INFORMATION - COMPLETE ONLY IN CASE OF CHANGE

☐ Bank transfer Preferred currency of reimbursement

The currencies are limited by the contract. If this currency is different from that of your bank account, your bank could charge you fees at your expense.

Name account holder

Account n° or IBAN

BIC/Swift code Bank ID

Full bank name and address

I accept the terms and conditions. I certify that the above information is to the best of my knowledge and belief correct and true. The issuance of false claims, the provisions of misleading information or the withholding of information related thereto is an offence punishable by Law I hereby confirm that I have read and fully understood Cigna Healthcare's Data Protection Notice (<https://www.cignahealthbenefits.com/en/privacy>). If I provide Cigna Healthcare with personal information relating to others, I will make them aware of Cigna Healthcare's Data Protection Notice.

Date

D

M

Y

Signature of the Plan member

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