

To declare your claim, please provide the following supporting documents: **paid original invoices**, copies of **prescriptions**, copies of **medical reports**, identification pages of your passport + arrival stamp OR, failing that, your plane ticket, as well as the **WHV/EIC visa** copy (**only** for persons holding a **WHV or EIC visa**).

The documents must always mention the surname and first name of the patient, the date of the treatment, the contact details of the practitioner, the hospital establishment, the laboratory or the pharmacy. A simple payment receipt is not acceptable.

During the study of your request, we may ask you for any other necessary additional documents or proofs. Please group your reimbursement requests referring to the same pathology or accident.

Requests for which the total amount is less than €500 must be declared online: <https://clems.acs-ami.com>.

Requests for a total amount greater than €500 must be sent by post, along with the completed form below, to:

ACS - Medical Service – for the attention of the Medical Advisor, 153 Rue de l'Université, 75007 Paris, FRANCE
(We recommend that you photocopy/scan all documents sent)

Please keep all the originals for 18 or 24 months (as indicated in the general conditions of your contract); the insurer reserves the right to request them in the event of an inspection.

Certificate number: G Date of birth : (DD/MM/YYYY)

Last name: Name:

Complete address:

Telephone: E-mail address:

(Country code + number, example: +33 1 23 45 67 89)

The received treatment is related to:

Accident: Circumstances (date, place, details):

Illness/ Diagnosis - Pathology and date (Example: Otitis 12th Sept):

Medical or surgical history in direct or indirect relation to the medical condition concerned:

Date of the first symptoms/signs: (DD/MM/YYYY)

Detail of the invoices related to medical expenses:

Date of treatment (DD/MM/YYYY)	Country	Currency settled amount	Treatment details
1.			
2.			
3.			
4.			
5.			

Comments:

In the case of reimbursement, I would like to receive:

A wire transfer to a bank account in Euros (Indicate IBAN number and SWIFT or BIC code)

A wire transfer to a bank account in a foreign currency (please join an official document indicating the complete banking details and notably the SWIFT Code)

Please note that International bank transfers are subject to variable charges and available for a minimum reimbursement of 50 Euros

A wire transfer to a third-party account: also forward the account holder's passport copy and a written authorization from the insured stating that he/she agrees to receive the reimbursement on the third-party's account.