



request for prior agreement

psychological treatment, alternative treatment & therapeutic equipment or accessory

The treatments described below can only be reimbursed if they have been approved in advance by our Medical Department. The request for prior agreement must be completed by the attending physician **at least 15 days before** the planned treatment start date by mail, fax or e-mail to:

Médecin-conseil d'AXA Luxembourg / Service Remboursement Santé

1, place de l'Etoile L-1479 LUXEMBOURG

healthclaims@axa.lu

N° Tel (+352) 44 24 24 48 48

N° Fax (+352) 44 24 24 46 31



Policyholder

Ms Mr Luxembourgish Social Security Number

Surname First Name

Date of birth



Insured Person - Patient (if unlike policyholder)

Ms Mr Luxembourgish Social Security Number

Surname First Name

Date of birth Gender F M

Is the treatment required following an accident? Yes No

Signature of the insured patient
(if necessary legal representative)

To be completed by the person in charge of the planned treatment:

Surname First name

The following treatments are concerned:

PSYCHOLOGICAL TREATMENT

Psychiatrist approved psychologist

Description of the clinical symptoms

Diagnosis Triggering factor

Personal medical history Family medical history

Personality of the patient

Type of the planned treatment

Purpose of the treatment with expected evolution

Total number of planned session(s)

Frequency of the sessions Costs of each session €

ALTERNATIVE TREATMENT

Acupuncture Osteopathy Chiropractic Naturopathy

Presented pathology

Total number of planned session(s)

Quotation or estimated costs

THERAPEUTIC EQUIPMENT OR ACCESSORY

Enclose a copy of the medical prescription and the acceptance or refusal of cover by social security

Presented pathology

Quotation or estimated costs

The insured attending practitioner is authorised to communicate to the Medical Consultant of AXA Luxembourg all the information necessary to decide on the case. The information shall remain confidential. It will only be communicated to those involved in the provision of treatment or care.

Done in On

Signature and stamp of the attending practitioner