



request for prior agreement hospitalisation

Hospitalisations 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 doctor in charge of the hospitalisation and must be sent at least 15 days before the planned hospitalisation date (or **3 days after admission in case of a medically justified emergency**) 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

The agreement of the Medical Department will be sent directly to the establishment in question. In case of refusal, a notification will be sent to the insured person.



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

Hospitalisation planned Emergency

I have an authorisation from the statutory health insurance fond : Yes No

For residents of Luxembourg

If hospitalisation abroad:
Please send us a copy from the form S2.
Otherwise, please attach the complete medical file.

Signature of the insured patient
(if necessary legal representative)

To be completed by the physician that transferred to the hospital:

Surname First name
Phone number Fax
E-Mail

INTENDED PLACE OF HOSPITALISATION

Name of establishment
Address
Phone number Fax
E-Mail

REASON FOR HOSPITALISATION / CLINICAL SIGNS PRESENTED

DIAGNOSIS, TYPE OF PLANNED PROCEDURE AND PROGRAMME OF TREATMENT

TYPE OF ADDITIONAL EXAMINATION THAT MAY BE NECESSARY

Date of admission Planned duration of hospitalisation

Is this an extension of a current hospitalisation Yes No

Detailed estimated costs of hospitalisation: €
(Please provide us with a quotation if you are hospitalised outside Luxembourg)

The physician that transferred to the hospitalisation of the insured person is authorised to communicate to the Medical Consultant of AXA Luxembourg all the medical 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 physician