



REIMBURSEMENT PROCEDURE

The insured person is free to choose its doctor. He or she pays for its medical care and sends us the bills by e-mail or by mail. The claims are processed as soon as possible after receipt of the claim request.

WHAT TO SEND:

- ✓ Claims list (if submitting multiple claims)
- ✓ Prescription (for the pharmacy*, prescribing physician, etc.)
- ✓ Scanned invoice, which must include:
 - First and last name
 - Date, medical services
 - Amount charged
- ✓ Proof of payment (**receipt, bank statement, paid invoice**)

* If you buy several products from the pharmacist, please highlight on the cashier's receipt the drugs that appear on the prescription.

ATTENTION: All scans and handwritten items must be easily readable. Unfocused, blurry, and illegible writing will not be accepted.

WHERE TO SEND:

- ✓ Please send your claims request to either:
 - claims@carps.fr
 - CARPS International, 168 rue de Grenelle, 75007 Paris, France

For any questions concerning reimbursements, please contact your correspondent who handled your reimbursement (found on the document DECOMPTE)

FOR HOSPITALIZATION (Prior approval** needed, unless emergency)

In case of hospitalization the guarantee of payment delivered by CARPS covers hospitalization costs directly without prior payment by the insured

PLEASE SEND US THE FOLLOWING INFORMATION (at least 2 weeks before hospitalization):

- ✓ First and last name of hospitalized person
- ✓ Name and address of hospital
- ✓ Fax or email address of the reception center
- ✓ Start date of hospitalization
- ✓ Reason for hospitalization
- ✓ Estimate

For any questions concerning hospitalization or guaranties of payment, please contact Mr. Almis Lapiniauskas Tel: +33 1 48 24 55 20 / almis@carps.fr

****PRIOR APPROVAL.** The reimbursement of expenses is subject to prior approval by the Insurer, except in the event characterized as an "emergency", in the cases provided in the Table of Benefits.

Except in case of emergency, for every admission to the hospital, the Insurer must be notified at least two (2) weeks before said admission. The Insurer's approval is deemed to be obtained if it has not responded otherwise, within 5 working days following the date of receipt of the request. **In the event that the request of prior approval has not been submitted and, subsequently, treatment becomes medically necessary, and only in this case, the Insurer shall then cover only 80% of the hospital care expenses and 50% of the amount payable for any other similar care that should have been reimbursed.**

Prior approval is not necessary in case of emergency as defined in the present contract. Nevertheless, the Insurer should be notified within 48 hours following hospitalisation or, in case of force majeure, as soon as possible. The provisions relating to the reasonable and customary expenses in the country where care is provided shall apply in all cases.