



Reimbursement application form

To ask for reimbursement of expenses under your health policy, please fill in the information we ask you for below and then send us this form along with any supporting documents in either of the ways shown overleaf.

This information is required.

Product	Policy No.	Insured No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured's full name	Date of birth	
<input type="text"/>	<input type="text"/>	

Contact phone No.

Contact email

Who will receive the payment?

Remember that the payee must be the bank account holder. If you do not check either option, the reimbursement will be paid into the bank account where bills for the policy are directly debited. If a member of a group, please fill in the details we ask for.

<input type="checkbox"/> INSURED WHO HAS RECEIVED THE SERVICE	<input type="checkbox"/> ANOTHER INSURED IN THE POLICY
FULL NAME: <input type="text"/>	ID No.: <input type="text"/>
<input type="checkbox"/> BANK ACCOUNT SHOWN IN THE POLICY	<input type="checkbox"/> ANOTHER ACCOUNT (state holder)
ACCOUNT HOLDER*: <input type="text"/>	
ACCOUNT No.:	COUNTRY CODE BANK BRANCH C.D. ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>

(*) Remember that the payee must be the bank account holder

Details of documentation supplied

INVOICE No.:	<input type="text"/>	SERVICE DATE:	<input type="text"/>
SPECIALITY:	<input type="text"/>	INVOICE AMOUNT:	<input type="text"/>
In case of hospital admission, please state:			
ADMISSION DATE:	<input type="text"/>	DISCHARGE DATE:	<input type="text"/>

Pursuant to data protection regulation, you are notified that AXA SEGUROS GENERALES S.A. DE SEGUROS Y REASEGUROS, Tax Code (CIF) A60917978 and registered address Calle Monseñor Palmer nº1, 07014, Palma de Mallorca (Spain) will process your personal data, including health data, to manage the reimbursement of medical expenses related to your policy on the legitimate basis of the performance of your insurance and your previously given consent. Likewise, our service providers may access your personal data when required for compliance with legal obligations and/or other purposes. You can exercise your rights of access, rectification, erasure, objection, restriction and portability of your data at any time by writing to Dpto. Operaciones - Relación Cliente, Calle Emilio Vargas, 6, 28043, Madrid, or emailing buzon.lop@axa.es. More information in your insurance policy.

The insured/legal representative warrants that the information is accurate and authorises AXA SEGUROS GENERALES S.A. doctors to ask for any additional information they need concerning the details set out in this form.

Insured's signature and date



How you can ask for reimbursement of your health policy expenses?

The documents you need to send us



- **One completed reimbursement application form per insured and invoice.** The **original invoices** for the insured's expenses showing:
 - Invoice number.
 - Issue date.
 - Medical service date.
 - Business name, address, CIF or NIF and medical association number of the healthcare professional issuing the invoice.
 - Details of the insured who has received the service.
 - Address and NIF/NIE of the invoice recipient.
 - Description of the healthcare service.
 - Itemised amount.
- **Medical prescription** in case of using diagnostic methods, therapeutic tests, home nursing services or internal prostheses that are covered.
- All medical or clinical information considered necessary for processing the reimbursement.

How to send us the documents?



- **MyAXA app:** if you are 18 or over, you can send us the application form and invoices very easily and stay informed about how we are processing them using our app, available for both iOS and Android.
- **By post:** in the postage paid envelope accompanying the form, or if you don't have this envelope you can send the documents to:

AXA Seguros Generales S.A
Departamento de reembolso de gastos
Apartado de correos 61806FD
28080 Madrid

Please do not send urgent or registered mail to this address.

When you get the payment?



Within 15 working days in the bank account you have specified after we have received all the documents we need. Remember that the bank account holder and the payee must be the same person. Remember that the bank account holder and the payee must be the same person.

If you need more reimbursement application forms like this one



You can get them:

- On the AXA website www.axa.es/servicios/salud-solicitud-reembolso-gastos
- By calling our customer service department on 91 807 00 55 or 902 40 40 84.