

Spett.Le
MAPFRE WARRANTY
Claim Office Medical Expenses
Strada Trossi, 66
13871 VERRONE (BIELLA)

SOCIETA' CATTOLICA DI ASSICURAZIONI

MINISTERO DEGLI AFFARI ESTERI E DELLA COOPERAZIONE INTERNAZIONALE

Policy n. 2106.30.300022

Medical Expenses report

| | |
|------------------|--|
| Name and Surname | |
| Fiscal code | |
| Italian Address | |
| City | |
| C.A.P. | |
| Telephone number | |
| Mobile phone | |
| IBAN* | |
| e- mail address | |

* SWIFT CODE

After reviewing the policy conditions, I hereby request to receive compensation for the following claim:

NAME AND SURNAME: _____

DATE OF BIRTH : ____|____|____

SERVICES PROVIDE : FROM ____|____|____ TO ____|____|____

FOLLOWING : ILLNESS OR
 INJUR

Compulsory documentation to be enclosed herewith

All medical expenses incurred abroad should be translated in one of the following languages:

English, Spanish, Portuguese, French

- Photocopy of complete medical file (unless an original is specifically requested) ;
- Photocopy Of medical certificates and medical documents stating the health status (diagnosis etc ...);
- Photocopy of the Declaration of scholarship;
- original of invoices and a photocopy of any invoices for which refund is required.

All invoices must be sent at once if related to expenses sustained for a single pathology.

Incomplete request of reimbursement will not be considered and will be returned to the sender.

CLAIMS INFORMATIONS

Receipts of medical expenses, which must be regular in all respects and attached herewith must be listed individually and in chronological order: :

| N° | DATE | AMOUNTS | N° | DATE | AMOUNTS |
|----|------|---------|--------------|------|---------|
| 1 | | | 7 | | |
| 2 | | | 8 | | |
| 3 | | | 9 | | |
| 4 | | | 10 | | |
| 5 | | | 11 | | |
| 6 | | | TOTAL | | |

Further notes:

ACKNOWLEDGMENT OF THE INFORMATION ALREADY RECEIVED AS PER DECREE 30 JUNE 2003 n. 0196 and subsequent amendments, I hereby agree:

to the handling of my information, both personal and sensitive, necessary for the execution of the contract and the handling of claims from Soc. Cattolica di Assicurazioni;

to the handling of my information, both personal and sensitive, necessary for the execution of the contract and the handling of claims from the Operations Center;

to the disclosure of my data to the subjects indicated in the third paragraph of the foregoing informative, which may be submitted for the purposes referred to in the first paragraph of the above mentioned informative or mandatory by law;

to the transfer of data abroad as indicated in the above informative (U.E. countries and extra U.E. countries). My consent is conditional to the compliance with the provisions of the current law.

It is agreed that in the event of incorrect and / or unpaid reimbursements, the Insured will have to return the amounts credited to him no later than 30 days from the notification.

Place and date : _____

Signature : _____

Contact information : mae@mapfre.com

Telephone number : 015 2559740 to request information on the status of the practice