NAVIGATOR
Insurance Brokers Ltd.
Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
Tel : +852 2530 2530 | Fax : +852 2530 2535
Email : crew@navigator-insurance.com | www.navigator-insurance.com

Henner
Insuring People

10, rue Henner - 75459 Paris Cedex 09 - France - Tél. : 01 40 82 44 44 - Fax : 01 45 26 96 64

HENNER - Simplified private joint stock company - Insurance broker and Third Party Administrator
Registered capital of € 8,212,500 - RCS PARIS B 323 377 739 - Brokerage license ORIAS No. 07.002.039
Regulated by the ACP (Supervisory Control Authority) - ISO 9001 certified
Headquarters : 10 rue Henner - 75009 Paris - France - www.henner.com

GMC

# PRIOR AGREEMENT APPLICATION - SERIES OF PROCEDURES AND MEDICAL PROSTHESES

Series of procedures may be refunded by HENNER - GMC only if they are the subject of a prior agreement of our Medical Advisory Board, on the basis of this document, which must be completed by the Practitioner and sent by post or fax to:

**HENNER - GMC Medical Advisor- 10 Rue Henner 75459 PARIS Cedex 09 - Fax: +33 1 40 82 43 85**

This form must be sent no later than 15 days prior to the date scheduled for the beginning of the treatment

Insured person's surname and first name: HENNER - GMC Id No.:

Patient's surname and first name: Date of birth: Sex:

**Is the current prior agreement application in direct relation with an accident ?** **Yes** ☐ **No** ☐
**If yes, please attach to this document a detailed report describing the circumstances of the accident.**

## TO BE COMPLETED BY THE ATTENDING PRACTITIONER

**The following procedures are subject to this prior agreement application:**

**Type 1 treatments:** Acupuncture, chemotherapy, dialysis, electrotherapy, physiotherapy, radiotherapy, kinesitherapy, speech therapy, orthoptics, nursing care, medical prostheses (1)

**Type 2 treatments:** Psychiatric or psychotherapeutic treatments (may be refunded only if treatments given by a physician)

(1) Medical prostheses: enclose the prescription

### TYPE 1 TREATMENTS

Pathology presented:

Nature of procedures: Number of procedures: Total cost:

### TYPE 2 TREATMENTS

Description of the clinical symptoms:

Diagnosis:

Medical history: Family history:

Patient's personality:

Type of therapy considered:

Behavioural contract: Purpose of the therapy with expected results:

Total number of sessions: Frequency of sessions: Cost of each session:

Physician's seal and signature:

Date:

For medical information: +33 1 40 82 43 02

Patient's signature:

I hereby authorise my Physician to send to HENNER - GMC medical advisor all the medical information required for making a decision on my file.