

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

PRIOR AGREEMENT APPLICATION - HOSPITALISATION

Hospitalisation expenses will only be reimbursed by Henner - GMC if the Medical Advisory Board has granted a prior agreement based on the information in this document, which must be completed by the Physician and sent by post, fax or email to:

HENNER - GMC Medical Advisor - 10, rue Henner 75009 Paris - FRANCE
Fax: +33 1 40 82 43 85 - Email: medical@henner.com

This form must be sent no later than 10 days prior to the date of hospitalisation.

In the event of a medically justified emergency, this form must be sent within 3 days following admission.

If the Medical Advisory Board approves the hospitalisation, it will issue a guarantee of payment, which will be sent directly to the designated institution. The Medical Advisory Board will notify the patient in the event of a refusal.

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 directly related to an accident?

Yes ☐

No ☐

If so, please also attach a detailed report describing the circumstances of the accident.

TO BE COMPLETED BY THE ATTENDING PRACTITIONER

Proposed place of hospitalisation (name of institution, address, telephone, fax, e-mail):

Attending physician (name, address, telephone, fax):

Reason for the hospitalisation / Clinical symptoms presented / Precise medical diagnosis:

Nature of the proposed operation and treatment programme:

Nature of any additional examinations to be carried out:

Length of stay:

Date of admission:

Number of days:

Is this an extension? (y/n)

Detailed estimated cost of the hospitalisation:

Hospital charges:

Physicians' fees:

Other expenses:

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 the HENNER - GMC medical advisor all the medical information required for making a decision on my file.