

To be sent to : UNIQA, Avenue de la Praille 26, Case Postale 1431, 1227 Carouge, Switzerland or medical@uniqa.ch
See the reverse of this form for the provisions of the CHIS Rules.

TO BE COMPLETED BY THE INSURED PERSON and BENEFICIARY OF THE CLAIM

Surname and first name: _____

Date of birth: _____ Insurance number (CHIS ID): _____ . _____

☐ REQUEST FOR TRANSPORT

Purpose of transport: _____

Date(s) of appointment(s): _____

Place of departure: _____ Place of arrival: _____

Type of vehicle: ☐ Ambulance ☐ VSL (vehicles exclusively intended for medical transport) ☐ Taxi

Documents to be attached to the application: Medical prescription justifying the medical necessity of the transport; and an estimate if the distance is greater than 50 km and/or more than 10 transports in series.

☐ REQUEST FOR AUXILIARY APPLIANCESType of appliances and **supporting documents to be attached:**☐ **CPAP (Continuous Positive Airway Pressure)** : medical prescription, mentioning the duration of the rental☐ **Hearing aid** : medical prescription, recent audiogram and an estimate from the hearing aid specialist☐ **Orthopedics shoes or insoles** : medical prescription and an estimate☐ **Other** (Please specify) _____ : medical prescription and an estimate☐ REQUEST FOR REFRACTIVE SURGERY**Documents to be attached to the application:**

- Medical prescription with indication of the diopter
- An estimate

☐ REQUEST FOR INFERTILITY TREATMENT**Documents to be attached to the application :**

- Complete medical history, diagnosis(es), etiology(es),
- Copy of laboratory results and imaging reports,
- Planned treatment plan,
- Estimated chance of successful treatment,
- Detailed cost estimate

Date and signature of the insured member

PROVISIONS OF THE RULES OF THE CERN HEALTH INSURANCE SCHEME RELATING TO PRIOR APPROVAL AND OPINIONS

According to Article VI 3.01 of the CHIS Rules, a prior approval by the Third-Party Administrator is required for:

- a. transport (except in the case of emergency transport);
- b. refractive surgery;
- c. thermal spa therapy, convalescence stays, rehabilitation stays, stays in a respite care home or in a unit for those waiting for space to become available in a suitable establishment;
- d. home nurses;
- e. hire or purchase of auxiliary appliances;
- f. cost of accommodation in a hospital for a family member, other than one of the two parents, whose presence is required by the hospitalisation of a child of less than ten years of age.

TIME LIMIT FOR THE SUBMISSION OF REQUESTS FOR PRIOR APPROVAL

Requests for prior approval and supporting documentation must be submitted in writing to the Third-Party Administrator at least 14 calendar days before the medical expenses concerned are incurred (Art. VI 3.02).

SUPPORTING DOCUMENTATION (Art. VI 3.03)

¹Each request for prior approval must be supported by a medical prescription indicating the treatment, its purpose, its duration and the expected result.

²An estimate must be attached to any request for prior approval of the hire or purchase of auxiliary appliances.

PRIOR APPROVAL NOT OBTAINED

Expenses incurred without obtaining the requisite prior approval are not reimbursed by the Scheme (Art. VI 3.04).

PRIOR APPROVAL OBTAINED

In the absence of a response from the Third-Party Administrator within 14 calendar days, as applicable, the request is deemed to have been accepted (Art. VI 3.02 al2).