



PRIOR AGREEMENT APPLICATION - SERIES OF PROCEDURES AND MEDICAL PROSTHESES

Series of procedures will only be reimbursed by Henner if the Medical Advisory Board has granted a prior agreement based on the information in this document, which must be completed by the Practitioner and sent by post, fax or email to:

Henner Medical Advisor- 14 bd du Général Leclerc, 92200 Neuilly-sur-Seine, France - Fax: +33 (0)1 85 64 74 15 - E-Mail: medical@henner.com

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:

ID Number:

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 so, please also attach 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 only be reimbursed if treatment is 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 55 62 53 42

Patient's signature:

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