

## Request for prior approval

The medical services listed below cover those items which are subject to prior approval by Cigna's medical consultant. In case of doubt on the reimbursement or the conditions applicable for these or other medical services, the medical consultant should be consulted prior to the beginning of the treatment. Please send confidential medical information to [medicalconsultant@cigna.com](mailto:medicalconsultant@cigna.com).

Staff member	Patient
NAME	NAME
FIRST NAME	FIRST NAME
MEMBERSHIP NO.	DATE OF BIRTH (D - M - Y)
(STAFF NO.)	RELATIONSHIP <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER DEPENDANT

### 1. Long duration illness (recognised by the medical consultant of Cigna):

- ☐ YES (REIMBURSEMENT AT 100%)  
☐ No

### 2. Consultations

- ☐ HEILPRAKTIKER IN GERMANY  
☐ MINOR SURGERY (WITHOUT HOSPITALISATION) FOR EYE-SIGHT CORRECTION, PRIOR APPROVAL IS REQUIRED ONLY DURING THE FIRST YEAR OF COVERAGE WITH ESA

### 3. Care given by health professionalson medical prescription:

- ☐ HOME HELP PROVIDING NON-MEDICAL SUPPORT IN THE FRAME OF ACTS OF DAILY LIFE  
(MAX. 64 HRS RENEWABLE AT HOURLY RATE) DAYS HOURS PER DAY
- ☐ NURSES PROVIDING MEDICAL ACTS FOR LONG DURATION ILLNESS AT HOME  
(MAX. 4 HRS PER DAY) DAYS HOURS PER DAY
- ☐ PHYSIOTHERAPISTS: FOR A PROLONGATION OR IN CASE OF AN EXTENSIVE TREATMENT
- ☐ PRESSOTHERAPY
- ☐ ACUPUNCTURISTS
- ☐ MESOTHERAPY
- ☐ SPEECH AND HEARING THERAPISTS SESSIONS
- ☐ PEDICURIST (FOR MEDICAL REASONS) SESSIONS
- ☐ PSYCHOTHERAPY (ONLY FOR RENEWAL BEYOND THE CEILING WITHIN 12 MONTHS) SESSIONS
- ☐ OTHERS INCLUDING DIETICIANS (MAX 24 SESSIONS WITHIN 12 MONTHS) SESSIONS

### 4. Analysis and biological research:

- ☐ IN CASE OF EXTENSIVE LAB TESTS EXCEPT FOR LONG DURATION ILLNESS

### 5. Pharmaceutical costs:

- ☐ IN CASE OF SPECIFIC MEDICINES OR PRODUCTS (SEE TABLE 1 AND ESA MEDICAL PLAN)

### 6. Dentistry (It is recommended to request a cost estimate and verify coverage/reimbursement with Cigna):

- ☐ PROSTHETIC WORK AND REMOVAL PROSTHESIS: PRIOR APPROVAL REQUIRED DURING THE FIRST YEAR OF COVERAGE WITH ESA
- ☐ IMPLANTS: PREPARATORY WORK + DENTAL SURGEON AND ANAESTHETISTS' FEES + FIXED PROSTHESIS
- ☐ ORTHODONTICS WITH MEDICAL PRESCRIPTION: FOR THE PERSON OVER THE AGE OF 18 STARTING A TREATMENT

### 7. Hearing aids:

- ☐ NEW APPLIANCES (MEDICAL PRESCRIPTION NEEDED FOR THE FIRST TIME ONLY)
- ☐ REPAIRS
- ☐ RENEWAL

### 8. Orthopaedic appliances (on medical prescription):

- ☐ NEW: SPECIFICATION
- ☐ REPAIRS
- ☐ RENEWAL

SEE OVERLEAF

### 9. Hospitalisation:

- ☐ COSTS OF SURGERY RELATED TO ROBOTIC TECHNIQUES
- ☐ ARTIFICIAL INSEMINATION (MAX. 6 ATTEMPTS EACH WITH AN AGE LIMIT OF 46 OF THE MOTHER AT THE TIME OF THE TREATMENT CYCLE)
- ☐ IN VITRO FERTILISATION (MAX. 6 ATTEMPTS EACH WITH AN AGE LIMIT OF 46 OF THE MOTHER AT THE TIME OF THE TREATMENT CYCLE)
- ☐ BED AND BOARD EXPENSES OF PERSON ACCOMPANYING A CHILD (JUSTIFICATION IS REQUIRED)
- ☐ PSYCHIATRIC CLINICS
- ☐ REHABILITATION CENTRES
- ☐ CONVALESCENT HOMES
- ☐ CHILDREN'S HOME UNDER MEDICAL SUPERVISION
- ☐ TREATMENT IN SPECIALISED REHABILITATION ESTABLISHMENTS (DEAF MUTES, BLIND PERSONS, PHYSICALLY HANDICAPPED PERSONS)

### 10. Health cures and thalassotherapy (on medical prescription):

- ☐ BOARD AND LODGING

PLEASE PROVIDE INFORMATION ON MEDICAL FEES, COST OF TREATMENT (IN ACCORDANCE WITH DOCTOR'S PRESCRIPTION), TRAVEL EXPENSES:  
PLACE + DURATION

### 11. Transport costs:

- ☐ OWN TRANSPORT. REQUIRED FOR MEDICAL CASES OTHER THAN RADIOTHERAPY, CHEMOTHERAPY AND DIALYSES

### 12. Long Term Care (LTC) Please attach the form completed by your GP:

- ☐ LOSS OF AUTONOMY ASSESSED AT 4 OR 5 OUT OF A TOTAL OF 6 ACTS OF DAILY LIFE
- ☐ LOSS OF AUTONOMY ASSESSED AT 6 OUT OF A TOTAL OF 6 ACTS OF DAILY LIFE

### 13. Rest home (for adult):

- ☐ LONG-TERM OR PERMANENT STAY IN INSTITUTIONS FOR PERSONS DEPENDANT FOR MEDICAL REASONS.

### Section reserved for the Cigna's medical consultant

DATE

SIGNATURE