



WHEN DO I NEED PRIOR AUTHORIZATION FROM THE SOCIETY'S MEDICAL ADVISER ?

1. You must obtain prior authorization in writing from the Society's Medical Adviser in order to claim reimbursement for the following treatments :

- Functional rehabilitation treatments (physiotherapy, kinesitherapy, chiropractic, osteopathy, etc.) over and above 30 sessions per year;
- Psychiatric and psychotherapeutic treatment, over and above 15 sessions per year;
- Stay in a medicalized non-hospital establishment;
- Nursing care, over and above 30 days;
- Home nursing and/or home-help charges;
- Cures (*collect form from Insurance office*);
- Stop-smoking treatments;
- Sessions with an approved dietician, upon prescription;
- Transport other than emergency transport by ambulance;
- Lymphatic drainage sessions, particularly following cancer treatment;
- Infertility treatment;
- Any type of laser treatment;
- Chiropodist consultations.

2. Reimbursement for hospitalization is guaranteed for 30 days. The hospital must inform the Society if your stay is to be extended, and must submit a request for an extension before the end of the period covered by the Society.

3. For the following treatments, you must also obtain an estimate and submit it to the Society at the same time as you submit your request for prior authorization :

- Hearing aids (with an audiogram) and medical or orthopaedic prosthetic appliances;
- Respiratory appliances (like CPAP appliance);
- Maxillo-facial surgery;
- All laser surgery or treatment.

4. You must take these steps before treatment begins. Send the relevant prescription to the Society, which will forward it to the Medical Adviser for authorization. If an estimate is required, you must submit it to the Society before you incur any expenditure.

If you do not complete these procedures in advance, the Society will refuse to reimburse your invoices.