



Grupo Nacional Provincial, S.A.
 Av. Cerro de las Torres 395, Col. Campestre Churubusco
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Refund of accident and/or illness

Please submit this form with your original expense receipts.

This form shall not be valid if it has any deletion or amendment.

Policy No.	Date		
	month	day	year

I. Details of Policy Holder			
Paternal Surname	Maternal Surname	Name(s)	Customer Code or Certificate Number

II. Details of the Insured Party affected			
Paternal Surname	Maternal Surname	Name(s)	Customer Code or Certificate Number

Relationship with policy holder	Condition	First payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If an additional payment, note the number of the first claim related to the treatment in question	Claim Number if direct payment has been requested.
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III. Details of Contractor (if not the Policy Holder)	
Name or company name	Customer Code (if any)

IV. Details of refund	
Description	Amount of expenses claimed
1. Extra-hospital expenses (medication, analyses, X rays, studies, etc.)	
2. Medical fees for doctors' appointments	
3. Hospitalization expenses	
4. Medical fees for surgery (Fees or surgeon, assistant and anaesthetist)	
5. Other (specify)	
Note: The total amount of expenses claimed must agree exactly with the total of the receipts provided, and receipts should be submitted in the same order as the items listed.	Total

Specify the date of incapacity for daily claims for accidents and illness only	month	day	year
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V. Place in which treatment was given	
Municipality or District	Town and/or State

Signature of the Insured

Instructions for making a claim by refund for accident and/or illness

Important Note: We recommend that you read the conditions or your contract before making a claim, as it includes certain exclusions and limitations. If you have any doubts, please contact your insurance broker.

Please check that your documents meet the following requirements, so that we may process your claim more quickly and efficiently.

1. Please send the following documents:
 - a) Accident and/or Illness Refund Form
 - b) Notification of Accident or Illness and Medical Report
 - c) Receipts of expenses that meet tax requirements
 - d) Copy of full clinical record
 - e) Interpretation of studies and copy of studies carried out.
2. The physician that treats you must properly complete the Medical Report, paying particular attention to the diagnosis given and the dates requested.
3. Original expense receipts must be submitted for review (itemized hospital invoice, receipts of physicians and assistants, drugstore receipts attached to prescription, etc.). Receipts for fees must be signed by the person who issues them; facsimiles shall not be accepted.
4. Receipts for the professional fees of physicians, assistants and anaesthetists must be raised using the forms established by the Treasury Department, and be made out to the Policy Holder. Said receipts must specify the description of the item paid for, for example, appointment, assistance, etc.
5. When you buy your medication at the drugstore, attach the receipt and the physician's prescription. Cross out any medication or articles that are not for the patient.
6. Physicians must raise a receipt for their fee for each appointment. The amount of the fee, noted on the prescription, shall not be valid for payment for your claim.
7. Check that when the hospital and the physician raise the total account, they itemize the cost for each item of which it is a part (daily rental of room, medical fees, appointments, anaesthetist, etc.)
8. Payments to charity organizations or official service establishments shall not be accepted.
9. If two claims are submitted at the same time, separate the expenses for each accident and/or illness and complete separate documents for each claim.
10. All receipts must be requested in the name of the Policy Holder.

Remember:

Programming your surgery or medical treatment will provide you major benefits.

Make the most of it!!!