

CURE PRESCRIPTION

To be submitted to United Nations Staff Mutual Insurance
for prior approval

TO BE COMPLETED BY THE ATTENDING DOCTOR	
Name and address of attending physician: _____ _____ _____	Patient's first and last name: _____ Year of birth : _____
Stamp and signature: _____	
Diagnostic : _____	
Type of treatment ordered: _____	
Suggested processing location: _____	
Date and duration of treatment: _____	
Is it the result of an illness/occupational accident?	Yes/No ¹
TO BE COMPLETED BY THE INSURED	
Insured number: _____	
Start and end date of the treatment: _____	
Name and address of the establishment in which the treatment is planned: _____ _____ _____	
Date and signature of the insured: _____	

TO BE SUBMITTED TO INSURANCE FOR APPROVAL BEFORE THE START OF THE CURE

PROPOSAL FROM THE DOCTOR: 	INSURANCE DECISION :
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¹ Cross out what is not suitable

MUTUAL INSURANCE AGAINST ILLNESS AND ACCIDENTS OF UNITED NATIONS STAFF

Instructions to read before completing the application

1. Any treatment is only covered by the Insurance following **prior authorization** issued by the Insurance Company after approval by the Medical Advisor.
2. This request must be completed by the attending physician and submitted by the insured to the Insurance Secretariat at the following address:

Health Insurance – Reimbursement Group
Financial Resources Management Service
Palace of Nations
1211 Geneva 10

Reimbursement of medical expenses

The reimbursement of medical expenses is governed by the provisions of the Insurance regulations.
Stay costs are not refunded.