

As part of the European Reciprocal scheme, if your claim occurred within Europe (excluding Spain (and its islands), Portugal, Cyprus and Malta) please complete the form below. **If your claim occurred in France, you are required to sign all 'Feuille de Soins' and any Ambulance transport invoices in the box marked 'Signature de l'assuré(e)'.**

Please return all **original** medical invoices with your claim form.

Our Reference

I hereby consent to Intana seeking reimbursement of medical expenses paid by them arising out of medical

treatment received on/in: Date Country

I declare that the information given on this form is correct and complete

Signature Date

PLEASE COMPLETE ALL SECTIONS BELOW whether the costs relate to yourself or a child.

Your full name Your date of birth

Full name of child Date of birth of child

Your address
Postcode

Child's address (if different from above)
Postcode

Your nationality

Nationality of child

National Insurance Number / PPSI (Ireland) in case of child under 16 give parent's N.I number / PPSI (Ireland)

Dates of travel: From (Date) To (Date)

Dates of treatment: From (Date) To (Date)