CAJA DE SEGUROS REUNIDOS
Cía. de Seguros y Reaseguros, S.A. –CASER–
Avenida de Burgos, 109 – 28050 Madrid
caser.es

REQUEST FOR REIMBURSEMENT OF COSTS

Insured party receiving the care

Name and surname(s): Tax ID nº:

Policy/card nº: Contact tel.: email:

Bank details:

IBAN [E|S| | |] Entity Code [| | | |] Office [| | | |] C.D. [| |] Account [| | | | | | | | | |]

Invoice Nº	Provider Tax ID Nº	Professional/Centre	Description of the procedure/ service	Amount

INSTRUCTIONS

One request for reimbursement will be completed for each Insured Party. It is necessary to provide original invoices and medical prescriptions and the payment receipt, which must also be original. Invoices are to include the name and surname(s) or company name of the natural or legal person who issues them, their registered address, telephone number and tax ID no. and, where applicable, their professional association member number, along with a breakdown of the different items showing their individual amounts, the date they were provided and the name and surname(s) of the patient receiving the care. Caser will always make the payment to the Insured Person in the policy.

Please send the invoices to Caser – Dpto. de Reembolsos de Salud – Avda. Burso 109 – 28050 Madrid.

For any further information or queries, please do not hesitate to get in touch with us on 901 33 22 33.

The undersigned hereby declares that the services described in this form, as well as those relating to the documentation attached, have been effectively received and paid for.

In accordance with current data protection regulations, you consent to the data you provide us with, including health-related data, being processed in a file by CAJA DE SEGUROS REUNIDOS, Compañía de Seguros y Reaseguros, S.A. – CASER, given that this processing is required in order to manage this request for reimbursement. Your rights to access, rectify, cancel and oppose the aforementioned may be exercised by writing to the registered company address: Avda. de Burgos 109 – 28050 MADRID (Indicating Legal Consultancy – Data Protection) or via caser.es. Furthermore, you give permission for your personal data to be communicated between the Company and doctors, health centres, hospitals and any other natural or legal person required in order to provide the service. The data processed shall be adequate, relevant and not excessive in relation to the expressed purpose, whereby the Insurance Company may request information from the healthcare service providers relating to your health and the medical treatment that you are receiving. In the event that you oppose the processing and transfer of your data, set out in the paragraph above, it will not be possible to carry out the reimbursement you are requesting for as long as this opposition lasts, due to the Insurance Company lacking the data required to calculate the benefit.

In_____, on_____of_____ _____.

(Signature of the insured party receiving the care)

#PresumeDeSalud
CON CASER

Registro Mercantil de Madrid - Tomo 2245 - Folio 179 - Hoja M-39662 CIF: A28013050.

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