

**REQUEST FOR PRIOR AUTHORISATION
OR EXTENSION OF PRIOR AUTHORISATION**

to be sent to the appropriate Settlements Office of the Joint Sickness Insurance Scheme (JSIS):
see address on last page

Surname and first name of member:.....
Pers./Pension No:.....
Institution and place of employment:..... Office address:.....
Tel :
Private address if you are retired / E-mail:.....
.....
Date of termination of employment/ date of end of contract:..... (For Temporary Agents /Contract Agents)

☐ Request for **PRIOR AUTHORISATION** for ¹ :

☐ Member of the Scheme ☐ spouse or recognised partner ☐ child ☐ person treated as a dependant child.

Surname, first name:..... Date of birth:.....

☐ Request for an **EXTENSION** of the prior authorisation for ¹ :

☐ Member of the Scheme ☐ spouse or recognised partner ☐ child ☐ person treated as dependant child.

Surname, first name :..... Date of birth:.....

Reference of prior decision relating to PA: End validity date:.....

☐ For treatments **exceeding** the maximum number of sessions foreseen per year without prior authorisation. (specify type of treatment) ⁽⁴⁾

.....

☐ **On prescription / detailed medical report (to be attached in a sealed envelope for the attention of the Medical Adviser) ²**

from Dr on:

Is this request in relation to :

☐ **SERIOUS ILLNESS: decision reference** **End validity date**

☐ **ACCIDENT:** ☐ involving the member: **date of the accident**

☐ involving a person insured via the member of the JSIS (only if a third party is responsible)

☐ **OCCUPATIONAL ILLNESS (ACC) : date**

I have read the conditions and rules in force and undertake to respect them:

Date

Signature

☐ Member¹

☐ Other person representing the applicant:

Surname, forename:.....

Treated in conformity with Regulation 45/2001 - https://intracomm.ec.europa.eu/pers_admin/sick_insur/pdf/confidentialite_en_art72_73.pdf

¹ Please tick the appropriate box,

² Certain treatments are subject to particular conditions with regard to their medical prescription (for example psychotherapy prescribed by a psychiatrist / neuropsychiatrist/ neurologist : please see Title II of the GIP for details and conditions depending on the treatment.

PRIOR AUTHORISATION REQUESTED FOR ³:

	MISCELLANEOUS TREATMENTS	Remarks	JSIS Code
	Number of sessions on medical prescription:		
<input type="checkbox"/>	Lymphatic drainage	1	401
<input type="checkbox"/>	Ergotherapy (occupational therapy)	1	402
<input type="checkbox"/>	Multidisciplinary functional rehabilitation in an out-patient clinic	1	403
<input type="checkbox"/>	Rehabilitation back school method / MDX / DBC	1	404
<input type="checkbox"/>	Chiropractic/osteopathy for children aged under 12	1 + 2	405
<input type="checkbox"/>	Mesodermal treatment	1	407
<input type="checkbox"/>	Ultraviolet rays	1	408
<input type="checkbox"/>	Shock wave therapy (rheumatology)	1	409
<input type="checkbox"/>	Psychotherapy by psychologist / psychotherapist : individual session	1	420
<input type="checkbox"/>	Psychotherapy by psychologist / psychotherapist : family session	1	421
<input type="checkbox"/>	Psychotherapy by psychologist / psychotherapist : group session	1	422
<input type="checkbox"/>	Multidisciplinary neuropsychological assessment	1	424
<input type="checkbox"/>	Speech therapy for people aged over 12 years	1	426/427
<input type="checkbox"/>	Orthoptics	1	429
<input type="checkbox"/>	Endermology not for aesthetic purposes	1 + 2	431
<input type="checkbox"/>	Hair removal (epilation): limited	1 + 2	432
<input type="checkbox"/>	Hair removal (epilation): extensive	1 + 2	433
<input type="checkbox"/>	Laser or dynamic phototherapy (dermatology)	1 + 2	434
<input type="checkbox"/>	Laser-therapy performed by a general practitioner	1 + 2	441
<input type="checkbox"/>	Hyperbaric chamber	1	440
<input type="checkbox"/>	Other treatments not mentioned in the GIP – Title II, Chapter 8, Point 2	1 + 2	441 / 950
<input type="checkbox"/>	For treatments exceeding the maximum number of sessions foreseen per year without prior authorisation (specify type of treatment) ⁴	1 + 2	

	MEDICAL AUXILIARIES	Remarks	JSIS Code
<input type="checkbox"/>	Treatment by nursing staff in addition to home care services	1	560

	CARE SERVICES		
<input type="checkbox"/>	Temporary home care (maximum 60 days)	1 + 3	760
<input type="checkbox"/>	Long-term home care	1 + 3	761/762
<input type="checkbox"/>	Services of carers in hospital	1	763

	ACCOMMODATION COSTS IN PARAMEDICAL ESTABLISHMENTS		
<input type="checkbox"/>	Stay / care in convalescent and nursing home	1 + 3	701 à 704 / 720 / 721
<input type="checkbox"/>	Stay / care in a day centre	1 + 3	711 à 714 / 720 / 722
<input type="checkbox"/>	Stay / care in a non-hospital drug rehabilitation centre	1	730 à 732

REMARKS: Additional information to be provided:

Please complete your request for prior authorisation by taking into account the remarks indicated for each of the abovementioned treatments:

☐ Remark 1:

Name of practitioner (carer) / establishment:

Qualifications of practitioner (carer) / type of establishment:

Address (+ Tel. no. / Fax if possible):

.....

☐ Remark 2: Please specify the type of intervention / treatment / apparatus / product / other (see medical prescription)

.....

☐ Remark 3: Functional Independence Evaluation Form to be completed by the medical practitioner (please see GIP, Title II, chapter 3)

³ Please tick the appropriate box

⁴ Number of sessions per year without PA: : kinesitherapy, physiotherapy and similar treatments (60); chiropractics/osteopathy for persons aged 12 or over (24); acupuncture (30); aerosoltherapy (30); consult of a dietician (10); psychotherapy by psychiatrist (30); speech therapy for children aged up to 12 (180 over several years); psychomotor/ graphomotor therapy (60); medical pedicure (12)

	ANALYSES AND EXAMINATIONS	Remarks	JSIS Code
<input type="checkbox"/>	Specific analyses / examinations subject to prior authorisation	2	545

	PHARMACEUTICAL PRODUCTS	Remarks	JSIS Code
<input type="checkbox"/>	Specific pharmaceutical products subject to prior authorisation	2	521 / 523/ 525
<input type="checkbox"/>	Dietetic products	2	522

	HOSPITALISATIONS, SURGICAL OPERATIONS, I.V.F. TREATMENTS	Remarks	JSIS Code
<input type="checkbox"/>	Stay in hospital and specific care subject to prior authorisation	1 + 2	221
<input type="checkbox"/>	Corrective or restorative plastic surgery	1 + 2	201 à 209
<input type="checkbox"/>	In vitro fertilisation treatment (I.V.F.)	2	260/261

	CURES	Remarks	JSIS Code
<input type="checkbox"/>	Costs of Stay / care by convalescent cure	1	490 / 491
<input type="checkbox"/>	Costs of care by thermal cure	1 + 2	492 à 498
<input type="checkbox"/>	Costs of care by thermal cure in case of serious illness	1 + 2	499

	TRANSPORT COSTS		JSIS Code
<input type="checkbox"/>	Non urgent transport costs subject to PA means of transport : Frequency (number of journeys S/R): Km S./R./J.:		291
<input type="checkbox"/>	Transport costs for the accompanying person means of transport: Frequency (number of journeys S/R) Km S./R./J.: Name of the accompanying person:		291

	COSTS FOR ACCOMPANYING PERSON	Remarks	JSIS Code
<input type="checkbox"/>	Costs for an accompanying person in a medical establishment Number of days: Name of the accompanying person:	1	222
<input type="checkbox"/>	Costs for an accompanying person (during a cure of a child less than 14 years old) Number of days: Name of the accompanying person:	1	222

REMARKS: Additional information to be provided:

Please complete your request for prior authorisation by taking into account the remarks indicated for each of the abovementioned treatments :

☐ **Remark 1:**

Name of practitioner (carer) / establishment:
Qualifications of practitioner (carer) / type of establishment:
Address (+ Tel. no. / Fax if possible):

☐ **Remark 2: Please specify the type of intervention / treatment / apparatus / product / other (see medical prescription)**

.....

ORTHOPAEDIC APPLIANCES AND OTHER MEDICAL EQUIPMENT		Remarks	JSIS Code
Price of acquisition:			
<input type="checkbox"/>	Hearing aid : special cases – GIP – Title II, Chapter 11, Point 2.4 (children up to the age of 18 / serious hearing-related illness)	2	821
<input type="checkbox"/>	Equipment for diabetes treated with insulin	2	842
<input type="checkbox"/>	Equipment for type-2 diabetes	2	843
<input type="checkbox"/>	Glucometer for diabetes		875
<input type="checkbox"/>	Incontinence supplies		844
<input type="checkbox"/>	Corrective made-to-measure orthopaedic shoes	2	855 / 856
<input type="checkbox"/>	Capillary prosthesis / wig		861
<input type="checkbox"/>	Artificial limbs, segments: purchase /repair	2	862
<input type="checkbox"/>	CPAP (sleep apnoea): purchase		865
<input type="checkbox"/>	CPAP (sleep apnoea): hire exceeding 3 months		866
<input type="checkbox"/>	CPAP: accessories/maintenance (excluding year of purchase)		867
<input type="checkbox"/>	Blood pressure gauge		870
<input type="checkbox"/>	Aerosol : purchase		871
<input type="checkbox"/>	Aerosol : hire exceeding 3 months		872
<input type="checkbox"/>	Vacuum treatment for impotence		876
<input type="checkbox"/>	Apparatus for measuring blood clotting time (in case of anti-coagulation for life)		877
<input type="checkbox"/>	Walking frame: purchase		881
<input type="checkbox"/>	Walking frame: rental exceeding 3 months		882
<input type="checkbox"/>	Commode, shower / bath seat : purchase		883
<input type="checkbox"/>	Commode, shower / bath seat : rental exceeding 3 months		884
<input type="checkbox"/>	Hospital-type bed (for home use) : purchase		885
<input type="checkbox"/>	Hospital-type bed (for home use) : rental exceeding 3 months		886
<input type="checkbox"/>	Pressure relief mattress : purchase		887
<input type="checkbox"/>	Pressure relief mattress : hire exceeding 3 months		888
<input type="checkbox"/>	Wheelchair: purchase	2	890
<input type="checkbox"/>	Wheelchair: rental	2	891
<input type="checkbox"/>	Wheelchair: repair	2	892
<input type="checkbox"/>	Other material + material exceeding 2000 € (2 detailed comparative estimates compulsory)	2	895
<input type="checkbox"/>	Other material : rental	2	896

REMARKS: Additional information to provide:

Please complete your request for prior authorisation by taking into account the remarks indicated for each of the abovementioned treatments :

☐ **Remark 2: specify the type of intervention / treatment / apparatus / product /other (see medical prescription)**

.....
.....

Addresses of the Settlements Offices of the Joint Sickness Insurance Scheme (JSIS)

Brussels Settlements Office European Commission SC27 00/05 B-1049 Bruxelles	Ispra Settlements Office European Commission PMO/06 - TP 730 Via E. Fermi, 2749 I-21027 Ispra (Va)	Luxemburg Settlements Office European Commission DRB - B1/061 L-2920 Luxembourg
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<https://ec.europa.eu/pmo/contact/>

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