



Form for reimbursement of medical expenses abroad after intervention
by your health insurance
Erasmus Mundus Student Protection / Intra-ACP

Documents to be sent by email:
ea@roleurop.com

1. Your contact details

Name : Policy nr. : EMSP.....
Address: Tel / cell phone :
..... Fax :
E-mail : Account number :

2. Description of circumstances

.....
.....
.....

Country : Travel data : until

In case of an accident, was there a counterparty responsible? Yes No

Does it concern unforeseen treatment/ expenses ? Yes No

→ If not, had the care or treatment already started in Belgium? Yes No

3. Medical expenses

Total amount of billed expenses : in Euro : in foreign currency :

Have all bills been paid for? Yes No

→ If not, please indicate any non-paid bills

4. Certificates

Please always attach to this declaration :

- In case of intervention by your health insurance : the account by your health insurance + copies of all medical bills
- In case of refusal by your health insurance : certificate of refusal + original medical bills (by post)
- In case medical bills have been paid by credit card, a copy of expenditure declaration

Date : Name / signature :