

## IMS application form at MSH

Group Name: Contact details of the person filling in thi	is form (leave you	r number if you want to be o	Group Number: contacted by phone):
Name	Email		Phone
<ul> <li>This form concerns (tick the box correspondent of the box corr</li></ul>	e a request on the et - I would like to	same subject, please indicat	
II. Application for aid(s)			
<ul> <li>II.1. Question asked / complaint :</li> <li>My application for assistance has not</li> <li>I am being asked for supporting docu</li> <li>The aid received is not what I expected</li> <li>The extranet says my aid is processed</li> <li>The refund appears on the payment statement and the statement st</li></ul>	ments, could you t ed. Can you check d but has not been	the amount to be paid? paid. Settlement reference	Statement reference
II.2. My application has been sent :			
Filed on the extranet (specify date)	Spi	ecify the registration referen	)CP
By e-mail (specify the date of the e-m			
By post (specify date sent)		carrier (DHL, post, etc.)	
II.3. Care concerned (fill in one line per ca	ro) ·		
Act	Date of care	Amount Invoid	ce/Cash
Member: Name :	Firs	t name :	Personnel number :
Act	Date of care	Amount Invoice,	/Cash
Member: Name :	Fir	st name :	Personnel number :
A .1	Data of some		<b>2h</b>
Act Member: Name :		Amount Invoice/( rst name :	Personnel number :
Member. Name .	111	st hame.	reisonnernumber .
Act	Date of care	Amount Invoice/	Cash
Member: Name :	Fir	rst name	Personnel number :
Act	Date of care	Amount Invoice/(	Cash
Member: Name :	F	irst name	Personnel number :
Act	Date of care	Amount Invoice/0	Cash
Member: Name :	F	irst name:	Personnel number :
Act	Date of care	Amount Invoice	/Cash
Member: Name :	F	irst name:	Personnel number :

## III. Application for hospital care

<ul> <li>The hospital refuses third-party payment and asks the</li> <li>I am waiting for a reply to a claim sent more than 5 d</li> <li>The member was admitted to hospital as an emerger treatment</li> <li>The hospital has not been paid within 30 days and de</li> <li>The takeover agreement is wrong</li> </ul>	ays ago - Date of claim ncy, but neither the hos	pital nor the Group received approv	val for
III.2. The request was made			
<ul><li>By the IMS group</li><li>By the hospital directly to MSH</li></ul>			
<ul> <li>III.3. The application concerns</li> <li>Coverage - Date of application</li> <li>An extension of coverage - Date of initial application</li> </ul>	Date of	application for extension	
III.4. Member concerned: Name :	First Name :	Personnel number :	
III.5. Name of the hospital: of the stay : From to	Country/city		Dates
<ul> <li>III.6. This hospital is part of</li> <li>From the IMS network</li> <li>From the MSH network</li> <li>It is not part of one of these networks</li> <li>I don't know</li> </ul>			
III.7. Free commentary:			
<ul> <li>Application for membership, deletion or transfer</li> <li>IV.1. Question asked / complaint</li> <li>We cannot find the member's name in the extranet t</li> <li>We have made the application for membership it has</li> <li>We are unable to register the movement in the extra</li> <li>Other, specify:</li> </ul>	s not been registered in	the extranet	
IV.2. My request concerns :			
A new member Civility (Father, Sister, Brother, etc.)	Name :		
First name : Date of birth Selected option	Mission	country	
An existing member Name:	First name :	Personnel number:	
V. Application for contributions V.1. Reference period (semester/year)	Reference of the call for papers		
<ul><li>V.2. Question asked/complaint</li><li>We do not agree with the amount of the invoice. Specify we have a second se</li></ul>	why here		
<ul> <li>We have received a reminder, but we have already paid         <ul> <li>Transfer to MSH. Specify the date</li> <li>Payment to our Section. Specify the date</li> </ul> </li> <li>I send the proof of transfer + the bank statement showi</li> </ul>	ng the debit (email to e	emi@msh-intl.com)	