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

☐ Member[1]
☐ Other person representing the applicant:
Surname, forename:.....

Treatment in conformity with Regulation (UE) 2018/1725 https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2018.295.01.0039.01.ENG&toc=OJ:L:2018:295:TOC

[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: ……			
☐	Lymphatic drainage	**1**	**401**
☐	Ergotherapy (occupational therapy)	**1**	**402**
☐	Multidisciplinary functional rehabilitation in an out-patient clinic	**1**	**403**
☐	Rehabilitation back school method / MDX / DBC	**1**	**404**
☐	Chiropractic/osteopathy for children aged under 12	**1 + 2**	**405**
☐	Mesodermal treatement	**1**	**407**
☐	Ultraviolet rays	**1**	**408**
☐	Shock wave therapy (rheumatology)	**1**	**409**
☐	Psychotherapy by psychologist / psychotherapist : individual session	**1**	**420**
☐	Psychotherapy by psychologist / psychotherapist : family session	**1**	**421**
☐	Psychotherapy by psychologist / psychotherapist : group session	**1**	**422**
☐	Multidisciplinary neuropsychological assessment	**1**	**424**
☐	Speech therapy for people aged over 12 years	**1**	**426/427**
☐	Orthoptics	**1**	**429**
☐	Endermology not for aesthetic purposes	**1 + 2**	**431**
☐	Hair removal (epilation): limited	**1 + 2**	**432**
☐	Hair removal (epilation): extensive	**1 + 2**	**433**
☐	Laser or dynamic phototherapy (dermatology)	**1 + 2**	**434**
☐	Laser-therapy performed by a general practitioner	**1 + 2**	**441**
☐	Hyperbaric chamber	**1**	**440**
☐	Other treatments not mentioned in the GIP – Title II, Chapter 8, Point 2	**1 + 2**	**441 / 950**
☐	**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
☐	Treatment by nursing staff **in addition to home care services**	**1**	**560**

	CARE SERVICES		
☐	Temporary home care (maximum 60 days)	**1 + 3**	**760**
☐	Long-term home care	**1 + 3**	**761/762**
☐	Services of carers in hospital	**1**	**763**

	ACCOMMODATION COSTS IN PARAMEDICAL ESTABLISHMENTS		
☐	Stay / care in convalescent and nursing home	**1 + 3**	**701 à 704 / 720 / 721**
☐	Stay / care in a day centre	**1 + 3**	**711 à 714 / 720 / 722**
☐	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
☐	Specific analyses / examinations subject to prior authorisation	2	545

	PHARMACEUTICAL PRODUCTS	Remarks	JSIS Code
☐	Specific pharmaceutical products subject to prior authorisation	2	521 / 523/ 525
☐	Dietetic products	2	522

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

	CURES	Remarks	JSIS Code
☐	Costs of Stay / care by convalescent cure	1	490 / 491
☐	Costs of care by thermal cure	1 + 2	492 à 498
☐	Costs of care by thermal cure in case of serious illness	1 + 2	499

	TRANSPORT COSTS		JSIS Code
☐	Non urgent transport costs subject to PA means of transport : …….. **Frequency (number of journeys S/R):** …… **Km S.J/R.J.:**…….. ……		291
☐	Transport costs for the accompanying person means of transport: …… **Frequency (number of journeys S/R)** ……..**Km S.J/R.J.:**…….. **Name of the accompanying person:** ……		291

	COSTS FOR ACCOMPANYING PERSON	Remarks	JSIS Code
☐	Costs for an accompanying person in a medical establishment **Number of days:** …… **Name of the accompanying person:** ……	1	222
☐	Costs for an accompanying person (during a cure of a child less that 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: ……			
☐	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**
☐	Equipment for diabetes treated with insulin	**2**	**842**
☐	Equipment for type-2 diabetes	**2**	**843**
☐	Glucometer for diabetes		**875**
☐	Incontinence supplies		**844**
☐	Corrective made-to-measure orthopaedic shoes	**2**	**855 / 856**
☐	Capillary prosthesis / wig		**861**
☐	Artificial limbs, segments: purchase /repair	**2**	**862**
☐	CPAP (sleep apnoea): purchase		**865**
☐	CPAP (sleep apnoea): hire exceeding 3 months		**866**
☐	CPAP: accessories/maintenance (excluding year of purchase)		**867**
☐	Blood pressure gauge		**870**
☐	Aerosol : purchase		**871**
☐	Aerosol : hire exceeding 3 months		**872**
☐	Vacuum treatment for impotence		**876**
☐	Apparatus for measuring blood clotting time (in case of anti-coagulation for life)		**877**
☐	Walking frame: purchase		**881**
☐	Walking frame: rental exceeding 3 months		**882**
☐	Commode, shower / bath seat : purchase		**883**
☐	Commode, shower / bath seat : rental exceeding 3 months		**884**
☐	Hospital-type bed (for home use) : purchase		**885**
☐	Hospital-type bed (for home use) : rental exceeding 3 months		**886**
☐	Pressure relief mattress : purchase		**887**
☐	Pressure relief mattress : hire exceeding 3 months		**888**
☐	Wheelchair: purchase	**2**	**890**
☐	Wheelchair: rental	**2**	**891**
☐	Wheelchair: repair	**2**	**892**
☐	Other material + material exceeding 2000 € **(2 detailed comparative estimates compulsory)**	**2**	**895**
☐	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)**

……

……

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

European Commission RCAM/JSIS Brussels – Prior authorisation 1049 Brussels Hotline +32-2-29 11111 (9:30 – 12:30)	**European Commission** RCAM/JSIS Ispra - Prior authorisation 21027 Ispra Hotline +32-2-29 11111 (9:30 – 12:30)	**European Commission** RCAM/JSIS Luxembourg - Prior authorisation 2920 Luxembourg Hotline +32-2-29 11111 (9:30 – 12:30)

STAFF Contact -https://digit.service-now.com/esc?id=emp_taxonomy_topic&topic_id=e84c3ee8c34e96d029d81a0