

Special Construction Workers' Fund/EdilCassa by _____ CNCE Code _____
Surname of representative _____ Telephone No. _____
E-mail address of representative _____

C) HEALTHCARE SERVICES

Tick the subject of the reimbursement request and the documents that are attached in copy

☐ **CORRECTIVE LENSES AND/OR FRAME**

Attach the following documentation

- ☐ Copy of certificate of vision correction/defect issued by an ophthalmologist/optometrist
(the certificate does not need to be attached for the request for reimbursement of the frame only)
- ☐ Copy of the expense document: receipted invoice/itemised receipt
(The document for the request for reimbursement of the frame only must indicate the adaptation of the corrective lenses in use)

☐ **MEDICAL AIDS/DEVICES**

- ☐ Orthopaedic braces/orthopaedic corsets
- ☐ Orthopaedic footwear and orthopaedic insoles
- ☐ Abdominal binder
- ☐ Wheelchair
- ☐ Crutches, canes, tripods, quadripods and various walkers
- ☐ Braces
- ☐ Orthosis

Please attach the following documentation

- ☐ Copy of the specialist doctor's prescription
(The prescription must contain the diagnosis or the presumed or confirmed pathology that made the service necessary)
- ☐ Copy of the expense document: receipted invoice/itemised receipt

☐ **PHYSIOTHERAPY REHABILITATION TREATMENTS**

Attach the following documentation

- ☐ Copy of the specialist doctor's prescription
- ☐ Copy of the expense document: receipted invoice/itemised receipt
(The document must include the qualification of the doctor or healthcare professional)

☐ **SPECIALIST VISITS**

(Guarantee can only be requested with reference to expenditure documents up to 31/12/2024. See the Fondo Sanedil website Guide Archive)

Attach the following documentation

- ☐ Copy of the expense document: receipted invoice/itemised receipt
(The document must include the qualification of the professional doctor)

The documentation attached to this reimbursement request (invoices, receipts, medical prescriptions, etc.) must be submitted by means of photocopies. Sanedil may, at its sole discretion, request at any time for the appropriate checks, the sending of the original documentation or additional documentation in addition to that already sent. In the event of receipt of false or counterfeit documents, Sanedil will notify the competent judicial authorities for the appropriate checks and the ascertainment of any criminal liability. The health expenses incurred may, if necessary, be deducted from the income tax return only within the limits of the amounts not reimbursed by this Fund.

By signing and submitting the appropriate privacy form, I declare that I have given Fondo Sanedil my consent to the processing of my personal data for the purposes set out in the specific information, which I have read.

Place and Date

Member's Signature

The signature must be in full and legible and does not need to be authenticated