





## INSTRUCTIONS FOR COMPLETING QUARTERLY CLAIMS FOR SERVICES (NON-DENTAL)

### A - WHERE TO FIND THE FORM

The form can be downloaded and printed from [www.fasi.it](http://www.fasi.it) (<https://dirigenti.fasi.it/modulistica>) or from the manager's private area pre-completed with his/her personal data (<https://fasifo.fasi.it/login.xhtml>).

### B - METHOD OF PAYMENT FOR SERVICES

Fasi, to avoid the possible loss and misappropriation of cheques with serious consequences for members, has decided that services, as a rule, should only be paid for by bank transfer. For this purpose, it is mandatory to specify an up-to-date IBAN number in the member's private area. This IBAN number can also be communicated or changed by completing the relevant form and sending it to Fasi ("Form for reporting changes to bank details for the ACCREDITATION of refunds"), also attaching a copy of any bank communication showing the same IBAN code.

### C - MEDICAL EXPENDITURE OF € 2,500.00 OR MORE (EXCLUDING DENTISTRY)

While confirming the quarterly nature of claims for services and their related deadlines, pursuant to the provisions of Article M of the current Regulations, the member has the right to anticipate the submission of medical expenditure to the Fund if the total amount is equal to or greater than €2,500.00, excluding expenditure for dental services

### D - SERVICES OTHER THAN DENTISTRY-RELATED

The "Quarterly Claim for Services" form should be used to submit expenditure documentation excepting that relating to dental services, for which there is a specific procedure (see the instructions in the green "Unified Form For Dentistry", and also the information provided on the website).

### E - INSTRUCTIONS FOR COMPLETING THE QUARTERLY CLAIM FOR SERVICES FORM

Put an "X" in the relevant box to indicate who the service relates to. Indicate the name of the person who issued the expenditure document (name of the doctor, nursing home, specialist centre, etc.), showing the invoice date, the invoice number, the amount excluding VAT and the amount of VAT if applicable. Put an asterisk in the last column if the expenditure incurred regards an event relating to third-party liability (also see point F). Enter the total of the amounts claimed in the box provided; if the last side of the form is also used, enter the final total in the box at the bottom of this. Write the date the form was completed and the signature of the member or person acting on his/her behalf in the spaces provided. All photocopied expenditure documentation unequivocally proving payment must be attached to the quarterly claim form for services.

### F - EVENT RELATING TO THIRD-PARTY LIABILITY

In the case of an event relating to third party liability, as referred to in article M of the current Regulations, services are provided subject to the member sending two certifications - the texts of which will also be downloadable from the website in the forms section - in which the person concerned undertakes to pay the Fund, up to the sum due for the services themselves, any money received in compensation from any person and for whatever damages they have been held responsible for, within 30 days of receipt of the money.

### G – NON-REFUNDABLE SERVICES

Payment of correctly claimed refunds will be made solely according to the items and criteria set out in the current Fasi Nomenclature/Fee Schedule. Please do not, therefore, request refunds for services not included in the Fee Schedule and listed in the Exclusions paragraph in "Warnings".

### H - PHYSIOKINESIS THERAPY SERVICES

Limits on the number of physiokinesis therapy services refundable by Fasi each year (1 January to 31 December) are again confirmed for the current year. For details, please see the "Warnings" paragraph of the current Nomenclature - Fee Schedule.

### I – MEDICAL RECORDS AND CERTIFICATIONS

In the event of hospitalisation, a copy of the medical record must be sent together with the expenditure documentation showing details of all services performed (type, number, etc.). In the event of analyses and tests, the relevant prescription of the treating physician must be attached indicating the type of pathology that the person concerned is suffering from. To avoid going beyond the quarterly deadline for submitting a request for services if the time taken for the health facility to issue a copy of the medical record causes this

deadline to be missed, we suggest sending the request for services and attachments to the Fund in any case, always in photocopied format, reserving the right to send the copy of the medical record at a later date.

#### **L - METHODS AND DEADLINES FOR SUBMITTING THE QUARTERLY CLAIM FOR SERVICES**

Refund claims, as set out in Article M of the Regulations, must be submitted to the Fund telematically via your private area. If you are unable to access your private area you may, as an exception, send the refund request in printed format by simple registered mail; in this case, you must use the duly completed "Quarterly Claim for Services" form.

#### **M - REJECTION OF SERVICES SUBMITTED AFTER THE DEADLINES**

Claims for services submitted after the mandatory deadlines set out in Article M of the current Regulations may not result in a refund.

Please note that a registered postal receipt held by the sender is the only acceptable means of proving the date of posting, in the event of the envelope not being received by Fasi.