



# “OptiMed” compulsory health insurance

## A doctor from a medical network as your first point of contact

- › **OptiMed** is a compulsory health insurance model based on the principle of the family doctor as a member of a medical network.

### Principles of insurance

- When you take out insurance, you choose your family doctor from the list of doctors on the OptiMed list.
- In the event of a health problem, you call upon this family doctor
- If it is necessary to visit a specialist, the family doctor will refer you to the appropriate doctor.

### ⇒ **Your advantages**

- You benefit from the advantages of a medical network, such as the sharing of experience between doctors within the same network.
- You go to the appropriate specialist on the recommendation of your family doctor, therefore saving time and money.
- In addition to all of these advantages, you also benefit from an attractive premium discount compared to standard basic health insurance.

## ⇒ Your commitment

In the event of a health problem, you visit the **family doctor** who has been selected as your general practitioner (GP) from the **OptiMed** list.



**FAMILY DOCTOR**  
(GP)



**Treatment**

ou



**GP Referral voucher**

If it is necessary to see another healthcare provider, a referral voucher must be sent to Groupe Mutuel.



**Other doctor**



**Referral voucher of the other doctor**



**Other healthcare provider**

## You are not required to visit your family doctor

- in case of emergency (report the case to your family doctor within 15 days of the emergency so that your medical records can be updated);
- for gynaecological check-ups and treatments and those related to pregnancy and childbirth;
- for eye, dental and paediatric check-ups and treatments;
- for the follow-up of a chronic illness (send us a one-off certificate signed by a doctor).

## Consultation with another healthcare provider

If a consultation with another doctor is necessary, ask your family doctor for a referral voucher (written authorisation) which you can then send to your health insurance company. The second doctor will then issue a referral voucher, signed by the doctor, if the latter has to refer the treatment to another healthcare provider.

The current terms and conditions of insurance apply.

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