

REQUEST FOR HEALTH SERVICES

Manual and Functionality

January 2024



HOMEPAGE

The homepage for healthcare service claims can be reached via the UniCredit service personnel welfare site.

From the homepage, the user can:

- **Enter a claim** for a direct service or reimbursement
- See the **last claim sent** and **access the archive** of all claims
- See **all his/her policies** and access **maximum coverage limit details and documents** for each one
- See **affiliated health facilities**
- **Choose the language** for the service, available in Italian, English or German

Uni.C.A. English

Welcome to the Health Service!

Manage your direct service request and reimbursement of medical expenses here.

Enter a request

- Requesting a reimbursement For a service already performed
- Requesting a direct service Under the affiliation arrangements within the Generali Italia network

Your latest request

Request no. 1312451 of 13.12.2023

Visite ed esami diagnostici
Extra Ricovero
For Gui [redacted]
Required amount: 55,00 €

Under assessment

[Go to the archive](#)

Your policies Generali Italia 4

Uni.C.A. English

Your policies Generali Italia 4

Policy 430026105 Expiry date 01.09.2024

M852 Pacc Dent 5 - Scop Opz. 3 Presa A
Carico Direttadipend. E Nuc Checkup Top

Active

Contracting party: Previgen Assistenza
M852

[See maximum coverage](#)

[Documents and forms](#)

Health Facilities

Do you need technical support?
For navigation problems, open a ticket to our technical support team

[Go to assistance](#)

Legal notes - Privacy - Complaints - Accessibility

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Uni.C.A. English

Choose a language

- Italiano
- English
- Deutsch

Requesting a reimbursement For a service already performed

Requesting a direct service Under the affiliation arrangements within the Generali Italia network

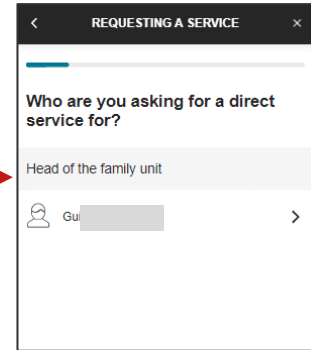
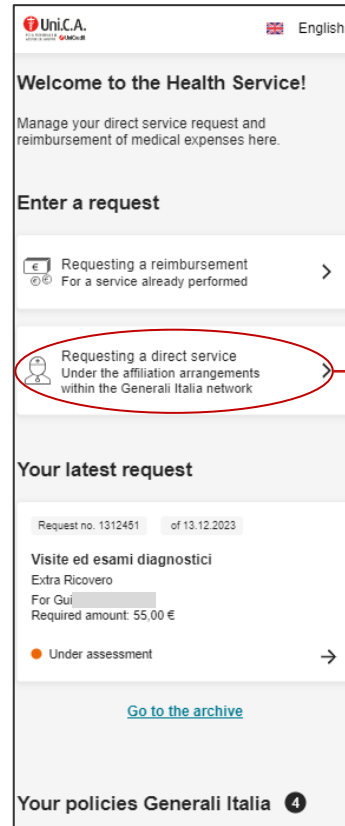
Your latest request

Request no. 1556112 of 16.01.2024

Altre Prestazioni
Extra Ricovero

CLAIM FOR DIRECT SERVICE - CHOICE OF INSURED PARTY AND SERVICE

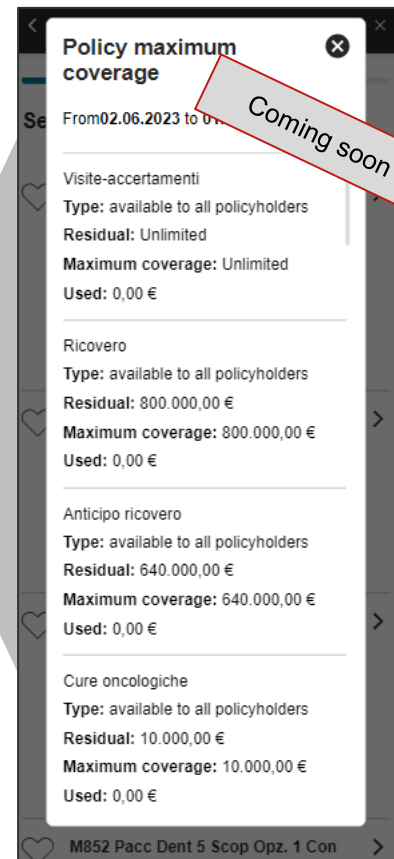
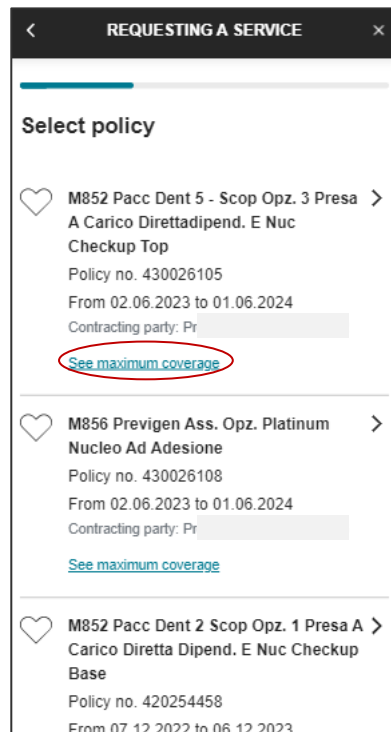
- 1) **Choice of insured party:** the user selects the name of the beneficiary of the service, from among him or herself or the family members of the household to whom the policy coverage is extended.
- 2) **Choice of service:** the system proposes a list of all the services covered by the policy, grouped by macro-typology. A search function is available in the search bar.



CLAIM FOR DIRECT SERVICE - CHOICE OF POLICY

3) **Choice of policy:** the system displays all the policies taken out that contain coverage for the claimed service. Click on 'see maximum coverages' to see the maximum coverages associated with the policy and check:

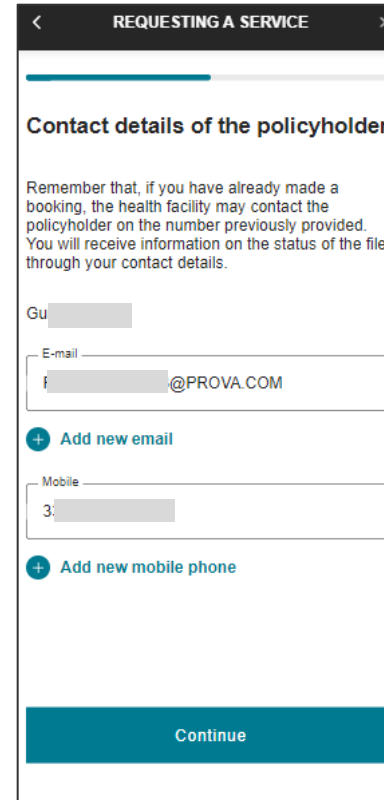
- the **overall maximum coverage**
- the **residual amount** payable under the policy
- any amounts **already used**



CLAIM FOR DIRECT SERVICE - CONTACT DETAILS OF THE INSURED PARTY

4) **Choice of contact details:** the user's reference contacts (email address and telephone number) appear on the screen. The user **indicates an email address**, to receive notifications of the progress of the filing, and a **telephone number**, which will be used if direct contact is needed.

If the contact number is not present, it can be added: this will be registered as the reference contact details for the specific claim.



The screenshot shows a mobile application interface for 'REQUESTING A SERVICE'. The screen is titled 'REQUESTING A SERVICE' with a back arrow on the left and a close 'x' on the right. Below the title is a progress bar. The main heading is 'Contact details of the policyholder'. A paragraph of text reads: 'Remember that, if you have already made a booking, the health facility may contact the policyholder on the number previously provided. You will receive information on the status of the file through your contact details.' Below this, there are two input fields: 'Gu' (partially filled with a grey box) and 'E-mail' (containing 'f. [redacted]@PROVA.COM'). Below the 'E-mail' field is a blue button with a plus sign and the text 'Add new email'. Below that is a 'Mobile' field (partially filled with a grey box) and another blue button with a plus sign and the text 'Add new mobile phone'. At the bottom of the screen is a large teal button labeled 'Continue'.

CLAIM FOR DIRECT SERVICE - MEDICAL DOCUMENTATION

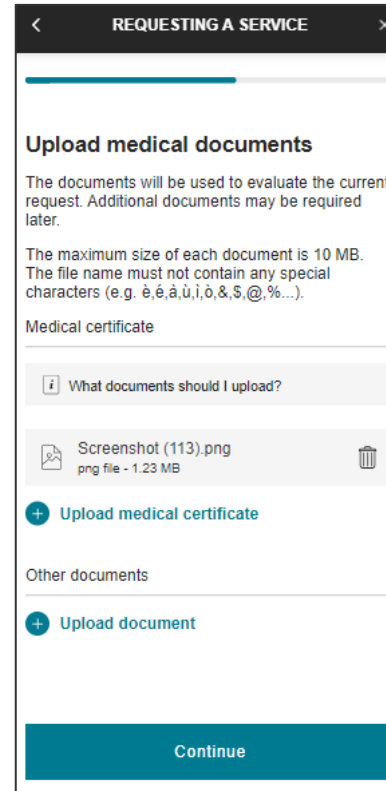
5) **Uploading medical documentation: the documents required vary according to the service indicated.**

Multiple files can be attached, either by uploading an **already saved document** or by using the photo feature on your smartphone.

Only JPEG, PNG or PDF files may be uploaded, with a maximum size of 10MB each.

Clicking on the icon 'which documents should be uploaded?' opens an **information box with useful instructions** for the user

The 'continue' button is only enabled if all mandatory documents have been uploaded.



CLAIM FOR DIRECT SERVICE - SELECTION OF FACILITY AND DOCTOR

CHOSEN BY FACILITY

6.a) **Facility and doctor selection:** After selecting region and province, a **list of facilities available for the claimed service will appear on the screen.**

The user can search for a facility by scrolling through the list or by typing the name of the facility into the search bar. The user **may indicate the doctor** who will perform the service (optional information).

REQUESTING A SERVICE

Select affiliated facility

Select affiliated facility or search for a doctor

Region
Calabria

Province
Reggio Calabria

Search by doctor

Search for facility

10 Available facilities

Iomi - Istituto Ortopedico Franco Faggiana - Giomi
Via Eremo 10

Istituto Clinico De Blasi
Via Torrione Prl.to 55

Poliambulatorio Medico Lamberti-

REQUESTING A SERVICE

Select doctor

Choose the doctor from the list or add a name.
During the processing of the file, we will check that the affiliation is active.

Iomi - Istituto Ortopedico Franco Faggiana - Giomi
Via Eremo 10, Reggio Calabria

Continue without indicating a doctor

Affiliated doctors

Cerca medico

30 Available doctors

Ales
Fisiatria

Br
Medicina Interna

Anna Maria Barresi

CLAIM FOR DIRECT SERVICE - SELECTION OF FACILITY AND DOCTOR

CHOSEN BY DOCTOR

6.b) **Facility and doctor selection:** Alternatively, the user can use the 'search by doctor' *function*.

In this case, the screen **will show the doctors available** in the province indicated. The user can search for a doctor by scrolling through the list or by typing their name into the search bar.

After choosing a doctor, the user **must indicate the facility** where the service will be provided. The screen will automatically suggest **the facilities where the chosen doctor operates**.

You can return to choosing by facility by clicking on the 'search by facility' button.

REQUESTING A SERVICE

Select doctor

Select doctor or search by facility

Region
Calabria

Province
Reggio Calabria

Search for a facility

Search for a doctor

67 Available doctors

Aless: [redacted] Fisiatria

Lu [redacted] Otorinolaringoiatria

Carlo Barbieri

REQUESTING A SERVICE

Select facility

Choose a facility from the list. During the processing of the file, we will check that the affiliation is active.

Lui [redacted]
Otorinolaringoiatria

Affiliated facilities

Cerca struttura

1 Available facilities

Poliambulatorio Medico Lamberti-castronu...
Via Damiano Chiesa 5, 89123 Reggio Calabria (...)

CLAIM FOR DIRECT SERVICE - CHOICE OF DATE AND NOTES FIELD

7) **Appointment Date:** The user must indicate the date of the appointment agreed with the facility. The permitted dates take into account the **notice period provided for in the policy for the specific service.**

8) **Notes:** the notes field can be filled in freely by the user, to enter useful information for managing the claim.

The screenshot shows a mobile app interface titled "REQUESTING A SERVICE". The main heading is "What is the date of the appointment?". Below this, there is a sub-heading: "Select the date you have agreed with the facility. You can request direct service for services from 20/12/2023 to 01/06/2024." There is a text input field labeled "Appointment date" with a calendar icon to its right. Below the input field is a calendar widget for December 2023. The date 20 is selected and highlighted with a grey circle. The calendar shows days from 26 to 31.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

The screenshot shows a mobile app interface titled "REQUESTING A SERVICE". The main heading is "Request notes". Below this is a large text input area with the placeholder text "Enter...". To the right of the input area, the character count "500" is displayed. At the bottom of the screen, there is a teal "Continue" button.

CLAIM FOR DIRECT SERVICE - SUMMARY AND MODIFICATION

8) **Summary screen:** the system shows the information entered by the user, including all uploaded documents. **All entries can be changed** by clicking on the appropriate icon.

The image displays two screenshots of a mobile application interface for requesting a service. Both screens are titled "REQUESTING A SERVICE".

Left Screenshot (Summary screen):

- Summary**
- Medical service for G [redacted]
- Service data** [redacted]
- Servizi extraspedalieri
Alfa Diagnostica
- Appointment details** (with a checkmark icon)
- Facility
Poliambulatorio Medico Lamberti-castronuovo
- Doctor
Dr. An [redacted]
- Appointment date** (with a checkmark icon)
- Appointment date
28.12.2023
- Request data**
- Policy
M852 Pacc Dent 5 - Scop Opz. 3 Presa A Carico Direttadipend. E Nuc Checkup Top
From: 02.06.2023 to: 01.06.2024
Contracting party: PRE [redacted] 2
- Policyholders
Gui [redacted]
- E-mail
PINC [redacted]

Right Screenshot (Request data screen):

- Request data**
- Policy
M852 Pacc Dent 5 - Scop Opz. 3 Presa A Carico Direttadipend. E Nuc Checkup Top
From: 02.06.2023 to: 01.06.2024
Contracting party: PRI [redacted] 52
- Policyholders
Gui [redacted]
- E-mail
[redacted]@PROVA.COM
- Mobile
335 [redacted]
- Medical documents** (with a checkmark icon)
- Screenshot (113).png
Png File - 1.23 kb
- Note** (with a checkmark icon)
- You have not entered any notes
- Continue** button

CLAIM FOR REIMBURSEMENT - CHOICE OF YEAR AND INSURED PARTY

- 1) **Choice of year:** the user must indicate the year in which the service for which reimbursement is sought was performed, from among those **covered by the policy**.
- 2) **Choice of Insured Party:** the user must indicate the person who has **used the service and who will benefit from the claim for reimbursement**.

Uni.C.A. English

Welcome to the Health Service!

Manage your direct service request and reimbursement of medical expenses here.

Enter a request

- Requesting a reimbursement For a service already performed
- Requesting a direct service Under the affiliation arrangements within the Generali Italia network

Your latest request

Request no. 1312451 of 13.12.2023

Visite ed esami diagnostici

Extra Ricovero

For Gui [redacted]

Required amount: 55,00 €

Under assessment

[Go to the archive](#)

Your policies Generali Italia 4

REQUESTING A REIMBUR...

When was the service provided?

If the service is related to an event (e.g. hospitalisation) select the year of the event

- 2022
- 2023

RICHIESTA RIMBORSO

Per chi stai chiedendo la prestazione diretta?

Caponucleo

G [redacted]

CLAIM FOR REIMBURSEMENT - CHOICE OF SERVICE

3) **Choice of service:** the user selects the service for which he/she wishes to claim reimbursement.

The system proposes a list of all the services covered by the policy, grouped by macro-typology. You can search for the service either by scrolling through the list or by typing the name into the search bar.

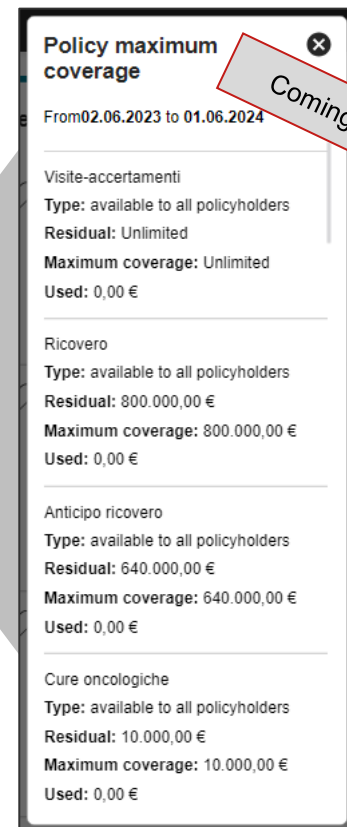
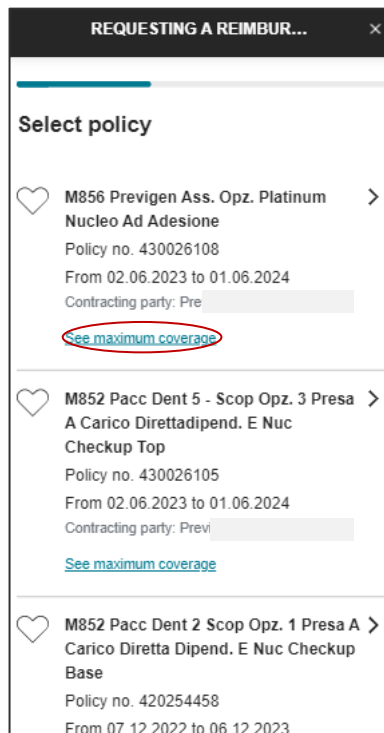


CLAIM FOR REIMBURSEMENT – CHOICE OF POLICY

4) **Choice of policy:** the system displays all the policies that are **active in the year indicated** and the coverages of which cover the reimbursement for the **service and the insured party chosen**.

Click on 'see maximum coverages' to see the maximum coverages associated with the policy and check:

- the **overall maximum coverage**
- the **residual amount** payable under the policy
- any amounts **already used**



CLAIM FOR REIMBURSEMENT - CONTACT DETAILS OF THE INSURED PARTY

5) **Choice of contact details:** the user's email address and IBAN appear on the screen. The user must **indicate an email address**, to which documents and progress notifications about the filing will be sent, **and an IBAN**, to which the credit will be made once the claim has been approved. If the details that appear on the screen are correct, you can continue by pressing the «Continue» button.

If the contact number is not present, it can be added: this will be registered as the reference contact details for the specific claim.

The screenshot shows a mobile application interface for requesting a reimbursement. The title bar at the top reads "REQUESTING A REIMBUR..." with a close button (X) on the right. Below the title bar is a progress indicator. The main heading is "Reimbursement beneficiary data". Below this, there is a text prompt: "Enter the IBAN of the policyholder for which you are requesting reimbursement." The name "Guido Veloce" is displayed. There are two input fields: "E-mail" with the value "F [redacted] 3@PROVA.COM" and "IBAN" with the value "IT 15F [redacted]". Below each input field is a blue plus icon and the text "Add new email" and "Add new IBAN" respectively. At the bottom of the screen is a large teal button labeled "Continue".

CLAIM FOR REIMBURSEMENT - INVOICE UPLOADING

6) **Invoice uploading:** the user must upload documentation of the expense. It is only possible to upload **one document**. After uploading, the screen shows several fields **that must be filled in to continue with the process**.

You can upload files in JPEG, PNG or PDF format, with a maximum size of 10 MB, either by uploading an **already saved document** or by **photographing it** using a smartphone.

The screenshot displays a mobile application interface for requesting a reimbursement. The title bar reads "REQUESTING A REIMBUR..." with a close button. The main content is divided into several sections:

- Service data:** A green checkmark indicates the service is "Extra Ricovero Esami di Alta Diagnostica".
- Expenditure document:** A section for uploading a document. It includes a text prompt: "Upload the document (maximum size 10 MB) and fill in the invoice data. The file name must not contain any special characters (e.g. è, é, à, ù, ì, ò, &, \$, @, %...)." Below this, a file named "Screenshot 2023-11-22 174210.png" (1.18 MB) is shown with a trash icon.
- Expense document issued abroad:** A toggle switch is currently turned off.
- Invoice issuer:** A dropdown menu showing "Spoto P.IVA ([redacted])" with a right arrow.
- Invoice number:** A text field containing "12345".
- Invoice date:** A text field containing "01.12.2023".
- Invoice amount:** A text field containing "123,00 €".
- The service in question was provided through the scheme:** A dropdown menu showing "Mixed (co-payment + fee-paying)" with a downward arrow.
- Informational note:** A lightbulb icon is next to the text: "If a part of the invoice amount is under affiliation arrangements with the National Health Service and the remaining part is a fee-paying patient."
- Continue button:** A large blue button at the bottom right labeled "Continue".

CLAIM FOR REIMBURSEMENT - MEDICAL DOCUMENTATION

7) **Uploading medical documentation:** if the chosen service requires it, the user must upload **the medical documents needed by the operators to authorise reimbursement**. Multiple files can be uploaded.

The upload screen is dynamic: **the requested documents vary** according to the previously selected service and the **'continue' button is only enabled if all mandatory documents have been uploaded**.

Clicking on the icon 'which documents should be uploaded?' opens an **information box with useful instructions** for the user.

REQUESTING A REIMBUR... x

Upload medical documents

The documents will be used to evaluate the current request. Additional documents may be required later.

The maximum size of each document is 10 MB.
The file name must not contain any special characters (e.g. è,é,à,ù,ì,ò,&,\$,@,%...).

Medical certificate

i What documents should I upload?

Screenshot 2023-10-17 144311.png
png file - 1.14 MB

Screenshot 2023-11-23 113853.png
png file - 1.13 MB

+ Upload medical certificate

Other documents

+ Upload document

Continue

CLAIM FOR REIMBURSEMENT - NOTES AND SUMMARY

8) **Notes:** the user is provided with a free text field, which he/she can enter useful information for managing the claim.

9) **Summary screen:** the system shows the information entered by the user, including all uploaded documents. **All entries can be changed** by clicking on the appropriate icon. After making changes, the user returns directly to the summary page.

REQUESTING A REIMBUR... x

Request notes

Enter...

500

Continue

REQUESTING A REIMBUR... x

Summary

Reimbursement for Gu [REDACTED]

Invoice data ✓

Extra Ricovero
Esami di Alta Diagnostica

123,00 € Invoice date:
01.12.2023

Screenshot 2023-11-22 174210....

Medical documents ✓

Screenshot 2023-10-17 144311....
Png File - 1.14 Mb

Screenshot 2023-11-23 113853....
Png File - 1.13 Mb

Reimbursement data

Policy
M856 Previgem Ass. Opz. Platinum Nucleo Ad Adesione
From: 02.06.2023 to: 01.06.2024
Contracting party: PRE [REDACTED]

Reimbursement beneficiary
Gu [REDACTED]

E-mail
PII [REDACTED] O3@PROVA.COM

Reimbursement data

Policy
M856 Previgem Ass. Opz. Platinum Nucleo Ad Adesione
From: 02.06.2023 to: 01.06.2024
Contracting party: PRE [REDACTED]

Reimbursement beneficiary
Gu [REDACTED]

E-mail
PII [REDACTED] O3@PROVA.COM

Reimbursement data

Policy
M856 Previgem Ass. Opz. Platinum Nucleo Ad Adesione
From: 02.06.2023 to: 01.06.2024
Contracting party: PRE [REDACTED]

Reimbursement beneficiary
Gu [REDACTED]

E-mail
PII [REDACTED] O3@PROVA.COM

Note ✓

You have not entered any notes

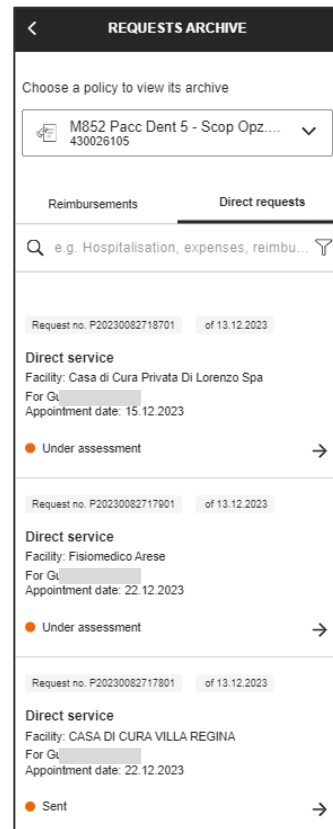
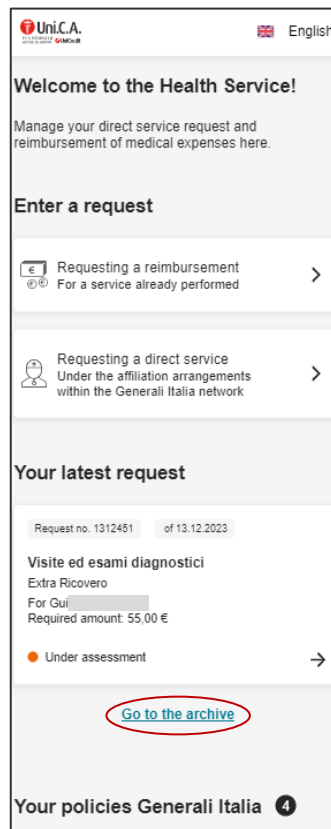
Continue

CLAIMS ARCHIVE

The **'claims archive'** section, accessible from the homepage, summarises all claims made, with the main data (e.g. claim number; claim date; beneficiary; amount to be reimbursed/appointment date; etc.) and their related status icon.

The **claims are grouped by policy**, which can be selected via the drop-down menu at the top of the page. For each policy, there are two **dedicated sections per type of claim** (direct/reimbursement). You can **filter the list by status or by beneficiary**, or search for a claim via the search bar.

Selecting the individual claim provides access to the details of the claim (*see next page*).



CLAIM DETAILS

In this section you will find all the **detailed information** related to the selected claim:

- **Tracking of the claim**, with details of the progress of the filing, is available in the 'claim status' tab (*see next page*)
- **Details of the claim**, with all information entered during the opening phase, are available in the 'claim status' tab
- **All documents associated with the claim**, both those uploaded at the opening stage and those that may be included in the case of claims for supplementary information

REQUEST DETAIL

Accertamenti Diagnostici
Servizi extraospedalieri
File n. P20230082718701

Request status Documents

Sent

Under assessment

We have received and are processing your request.

[Go to conversation](#)

Request closed

Direct service detail

Beneficial party (Policyholder)
GL

Facility
Casa Di Cura Privata Di Lorenzo Spa

Appointment date
15.12.2023

Related to the policy
M852 Pacc Dent 5 - Scop Opz. 3 Presa A
Carico Direttadipend. E Nuc Checkup Top -
N. 430026105

Additional details

Doctor
Ales

Mobile
3356

E-mail
P. @prova.com

REQUEST DETAIL

Accertamenti Diagnostici
Servizi extraospedalieri
File n. P20230082718701

Request status Documents

Below you can see the list of documents uploaded for the claim.

Medical documents

Screenshot 2023-11-23 113853...
13/12/2023 - Certificato Medico

CLAIMS TRACKING

The tracking function allows the status of a claim to be monitored. The following statuses are managed:

- **Sent**, when the claim has been successfully sent, but processing by the Company has not yet started
- **In evaluation**, when the file is being handled by the Company
- **Request for supplementary information**, should it become apparent during processing that further documents need to be uploaded in order to finalise the filing (*see next page*)
- **Authorised**, if the filing has been authorised. In the event of a reimbursement, the details of the transfer and the amount paid will also be indicated
- **Not authorised**, if the claim was denied. In this case, there is always an information box containing the reason for the denied authorisation
- **Cancelled**, if the user has decided to cancel the claim sent. It is only possible to cancel a claim **in the case of a direct service with 'sent' or 'request for supplementary information' status**


The screenshot displays the 'REQUEST DETAIL' screen in a mobile application. At the top, there is a back arrow and the title 'REQUEST DETAIL'. Below this, a logo is followed by the text 'Accertamenti Diagnostici' and 'Servizi extraospedalieri'. The file number 'File n. P20230082718701' is shown. Two tabs, 'Request status' and 'Documents', are visible. The 'Request status' tab is active, showing a vertical timeline of events: 'Sent' (with a green checkmark), 'Under assessment' (with a black dot), and 'Request closed' (with a grey dot). A message box under 'Under assessment' states 'We have received and are processing your request.' with a 'Go to conversation' link. Below the timeline is a 'Direct service detail' section with fields for 'Beneficial party (Policyholder)' (Gu), 'Facility' (Casa Di Cura Privata Di Lorenzo Spa), and 'Appointment date' (15.12.2023). A note at the bottom indicates the request is 'Related to the policy' M852 Pacc Dent 5 - Scop Opz. 3 Presa A Carico Direttadipend. E Nuc Checkup Top - N. 430026105. An 'Additional details' section with a dropdown arrow is at the very bottom.

'REQUEST FOR SUPPLEMENTARY INFORMATION' STATUS

If further documents are required to enable the filing to be processed correctly, the insured party will receive an email requesting supplementary information.

In this case, the status of the claim is changed to 'Request for Supplementary Information' and the user must complete the information or upload documents by clicking on the appropriate button in the claim details.

In addition to uploading the document, the user may include additional notes for clarification that will be sent to the claims adjuster. The claims adjuster's message will be visible both in the tracking section and by opening the conversation.

SUPPLEMENTING DOCUM  Italiano

Documents to be supplemented
Upload the additional documents needed to evaluate the request here.

Other documents (mandatory)

[+ Upload another document](#)


Notes required (optional)

Enter...


500

[Continue](#)

REQUEST DETAIL

 Chemioterapia e Radioterapia
Cure Oncologiche
File n. P20230082552801


Request status Documents


 Sent

Request for supplementary information

More information is needed.

- Message from the liquidator
si richiede ad integrazione referto dell'ultimo esame diagnostico RX torace effettuato.

 [Go to conversation](#)

 [Attach documents](#)

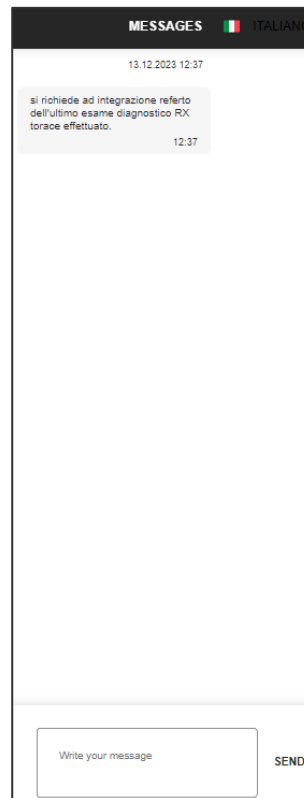
Request closed

CONVERSATION WITH THE CLAIMS ADJUSTER

Messaging functionality is also always available in tracking, which allows the user to **send notes to the claims adjuster to receive information about the filing.**

The functionality is deactivated in the case of claims in 'In Evaluation' status or direct claims in 'Cancelled' status.

In the event of a request for supplementary information, the chat is activated automatically and contains a message for the user from the claims adjuster

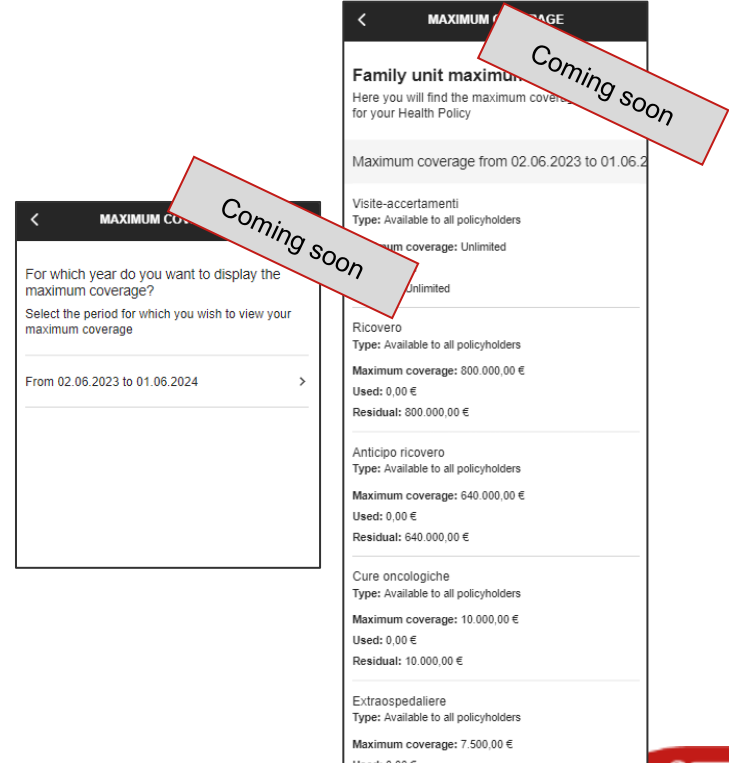
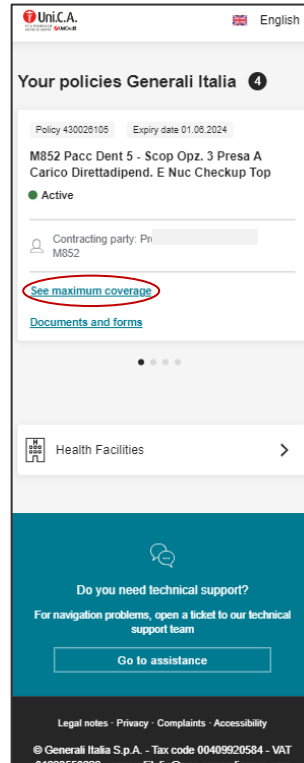


POLICY MAXIMUM COVERAGES

The policy maximum coverages are visible in the dedicated section, which can be reached by clicking 'see maximum coverages' in the policy card on the homepage.

After selecting **the period** for which the user wishes to view the maximum coverages, the user will see **for each service and for each insured party the overall maximum coverage, the amount used and the remaining amount.**

It is also possible to see the maximum coverages during the direct claim and reimbursement flows, in the policy selection step.

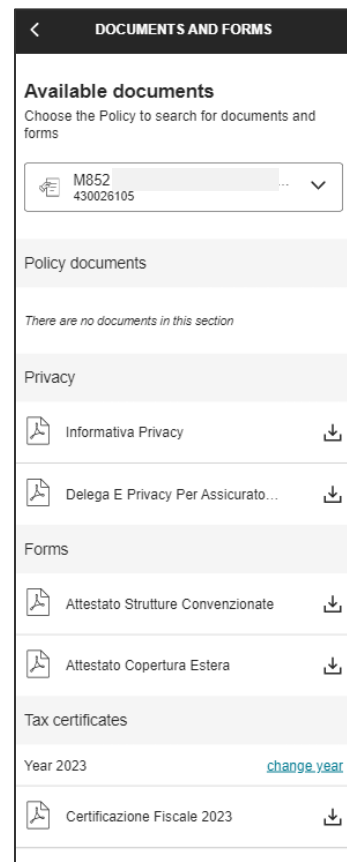
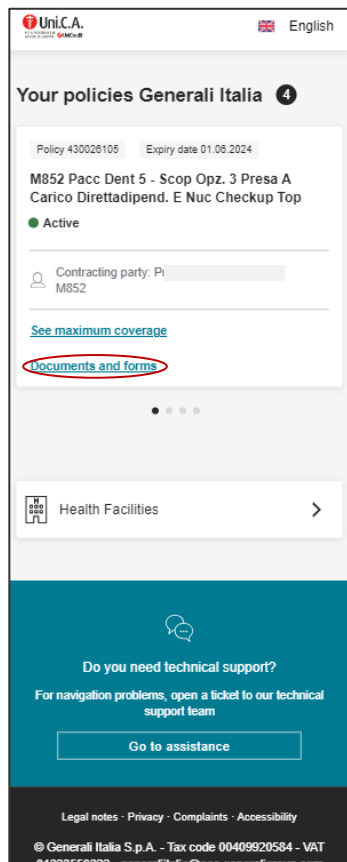


DOCUMENTS AND FORMS

The 'documents and forms' section contains useful documentation relating to the policy, including:

- **Services reconciliation table**, useful for checking the service items to select when claiming a direct claim for service or reimbursement.
- **The power of attorney and privacy document** (see next page)
- **The foreign coverage certificate**, useful in the event of services abroad
- **Tax certificates**, divided by year. It is possible to view certifications for past years by clicking on the 'change year' button

All documents can be downloaded by clicking on the download button to the right of the document name.



PRIVACY AND AUTOMATED MANAGEMENT CONSENT

Privacy consent is requested **on the first claim (direct or reimbursement) sent on behalf of each family member covered by the policy.**

Consent to the use of personal data is mandatory.

Consent for automated processing is optional and, if provided, allows filings to be processed more quickly.

In the case of a claim sent **on behalf of an insured party over the age of 18**, it is necessary to attach the **power of attorney and privacy document**, made available during the process and also available in the 'documents' section of the policy detail.

In the case of a family member who is a minor, consent is given directly by the Head of the family unit.

REQUESTING A REIMBUR...

Privacy Consent

Having read the attached privacy policy on the processing of personal data, with reference to the processing of personal data for contractual purposes, I acknowledge that for the purposes of the processing as set out in the privacy policy under (i), (ii), (iii) and (iv) the provision of data is mandatory and

I declare that I have read the privacy policy and authorise the processing of my data.

Processing of personal data

I authorise Generali Italia to process the special categories of my personal data, including health data, for the purposes of the processing described in the privacy policy under (i), (ii), (iii) and (iv), to the extent necessary for the provision of the services requested by or in favour of me

Continue

REQUESTING A REIMBUR...

Do you want to activate automated processing to speed up your paperwork?

Automated Processing (Optional)

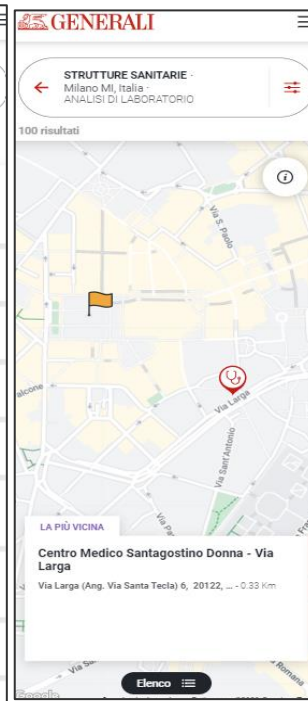
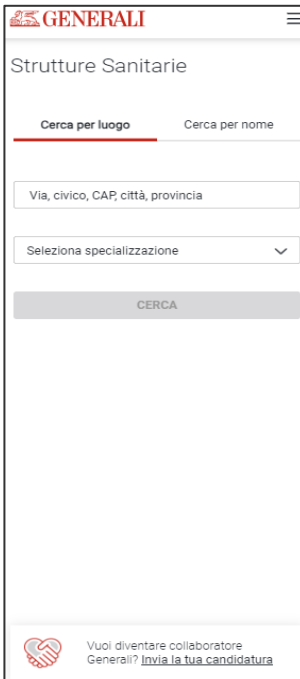
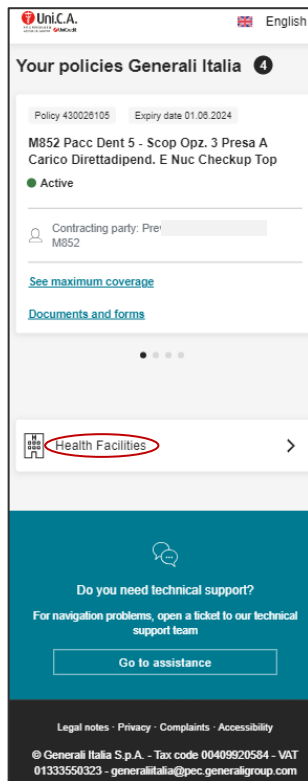
I authorise Generali Italia to process my personal data, even special data, including data relating to my health, for the purpose of the processing, in a fully automated form, of the claim and for the purposes of such processing as described in the privacy policy under (i), (ii), (iii) and (iv).

Continue

HEALTHCARE FACILITIES

The 'healthcare facilities' functionality allows the user to **view all healthcare facilities belonging to the Generali network**, directly from the healthcare service claim homepage.

On this page, users can **search for facilities by name or by location**, whilst still indicating the specialisation they need. Facilities can be **viewed as a list or on a map**.



THANK YOU

