

FANIMAR FUND

Guidelines for Reimbursement Requests – Year 2026

SUBJECT: Procedures for submitting reimbursement requests and required documentation

The Fanimar Fund informs its members of the operating provisions regarding the submission of reimbursement requests for the year 2026.

Requests must be submitted using the dedicated “reimbursement Request” form and to the following e-mail address: sanitaria@fanimar.it

Documentation must be submitted within 30/60 days from the first medical prescription and, in any case, within a maximum period of 12 months for the complete submission of all required documents.

Members are advised to follow these instructions carefully in order to avoid rejection of applications.

1. Hospitalization (Public or Private Facilities)

- Referral from the attending physician or former Maritime Health Fund physician
- Updated family status certificate (if not already submitted)
- Hospital admission certificate
- Medical records (original or digital version transmitted directly by the hospital)
- Any original invoices

2. Specialist Consultations, Diagnostic Tests and Laboratory Examinations

- Prescription from the attending physician or former Maritime Health Fund physician, indicating the suspected or confirmed condition
- Copy of the invoice
- Diagnosis from the specialist physician (excluding pharmaceutical prescriptions)

3. Optical Prostheses

- Ophthalmologic and/or optometric prescription certifying a change in vision, or previous documentation useful for verification
- Copy of the optician’s invoice showing the cost of the lenses separately (frames are not reimbursable)

4. Physiotherapy Services

- Specialist prescription (orthopedist and/or physiatrist) including diagnosis and treatment plan
- Copy of the therapist’s invoice specifying the type of service provided

5. Dental Care

- Copy of the dentist’s invoice with a detailed description of the services performed (treatment plan)

6. Childbirth

- The Fund provides a contribution of up to €1,000.00 for the birth of a child (maximum one event per year), applicable exclusively to the member account holder
- Birth certificate issued by the municipality of residence

General Provisions

- Applications are assessed individually for each beneficiary and each medical condition, with the applicable deductible applied.
- The minimum reimbursable amount, net of the deductible, is €30.00.
- Requests must be submitted exclusively by e-mail or regular mail (WhatsApp submissions are not accepted).
- Documents in foreign languages must be accompanied by a translation into Italian or English.
- Copies of invoices must include the statement: "True copy of the original in my possession", signed by the applicant.
- The Fund reserves the right to request original documentation for verification purposes.
- The Fund will report false or forged documentation to the competent authorities.

Main Exclusions

- Medico-legal examinations, sports medical examinations and fitness certificates
- Congenital conditions
- Vaccinations
- Cosmetic procedures
- Dermatological treatments and sclerotherapy
- Psychotherapy and speech therapy beyond 18 years of age
- Eyeglass frames and damage/wear of lenses
- Refractive surgery procedures
- Preventive services (screening, check-ups and routine examinations)
- Medications
- Services related to infertility, menopause and menstrual irregularities
- Tonsillitis and adenoid surgery in children under 9 years of age
- Services provided by pharmacies