



Private Insurance

Application Procedure

1. Once you decide to contract the private insurance for your application for a student visa, it is necessary to fill in the [following form](#).
2. Fill in all the requested information and validate that there are no errors, this information is the one that is going to be send to the company to issue the insurance policy.
3. When the form is sent you will receive a payment link within one working day to the email you provided so that the insurance process can proceed.
4. You should send a payment receipt to sfo@ucam.edu.
5. Within a maximum period of 48h you will be contacted from the insurance company to bring you all the necessary information of the insurance policy.

Refund policy

The refund of the cost of the private insurance will only be produced in case of visa refusal and after submitting the legal documents that provide such circumstance.

The request can be done in the following [link](#).

THE BEST HEALTH INSURANCE IN EXCLUSIVE CONDITIONS FOR YOU

WHAT ONLY ASISA CAN OFFER YOU

- ASISA is the company with the most resources of its own: 15 Clinics and 28 Medical Centers.
- Among more than 40,000 doctors at your disposal, for sure you will find yours.
- More than 600 affiliated Health Centers throughout the country.
- And more than 100 customer service points to be closer to you.
- More than 600 diagnostic tests free of authorization and second medical opinion
- 24-hour Medical Assistance

HIGHLIGHTED COVERAGES


- Treatment with intensity-modulated radiotherapy.
- Hemodialysis in chronic and acute processes.
- Prostatic brachytherapy and Green Laser for the treatment of benign prostatic hyperplasia.
- CPAP and BIPAP for the treatment of sleep apnea.
- Prenatal study of DNA in maternal blood.
- Genetic studies.
- Internal prostheses without economic limit.
- Bone marrow transplant (autologous and heterologous).
- Endoscopic capsule.
- Neurological rehabilitation.
- Symmetrization of the contralateral breast post-mastectomy due to neoplasia.
- Surgical laser in proctology.

NEW COVERAGES

- Meshes and coils.
- Polysomnographic study. Coverage assumptions are expanded.
- Surgical laser.
- Coverage assumptions are expanded for Pulmonology, Ophthalmology and Urology.
- Ophthalmological rehabilitation: Orthoptics and Pleoptics.

MORE FOR YOUR HEALTH

Many services under exclusive conditions only for ASISA policyholders

Assisted reproduction - Laser Ophthalmology - International Vaccination and Travel Medicine - Stem cells - Eye health care - And more offers and services in the 

ASISA HEALTH

The best health insurance at the best price

NET PREMIUM 2025

Academic year	0-35 years old	432,05€
	36-44 years old	732,05€
	45-54 years old	819,03€
	55-64 years old	1203,01€
Academic semester	0-35 years old	216,03€
	36-44 years old	366,26€
	45-54 years old	409,53€
	55-64 years old	601,52€

EXCLUSIVE CONTRACTING CONDITIONS

NO COPAYMENTS

Included:

- Travel Assistance.
- Repatriation insurance for death and accident.
- Medical Chat.
- ASISA LIVE Video Consultation.
- Second Medical Opinion.

WHO CAN BENEFIT FROM THIS OFFER?

Only **UCAM students***

*The policy is not valid for exchange programs outside Spain.

INFORMATION AND CONTRACTING

Student Financial Office - sfo@ucam.edu

REFERENCE HOSPITALS

Reference Hospital in Murcia



Hospital HLA La Vega

OWN CENTRE

General Hospital

 Calle Román Alberca, S/N 30008, Murcia

Distance 0.24 km

 968 278 100

Reference Hospital in Cartagena



Medical Centre Virgen de la Caridad

OWN CENTRE




General Hospital

 Calle Román Alberca, S/N 30008, Murcia

Distance 0.24 km

 968 278 100

Centres where you can do PCR privately:

1. Hospital HLA la Vega, Calle Román Alberca S/N, 30008, Murcia  968 278 100
2. Medical Centre Juan XXIII, Ronda de Levante, 14, 30008, Murcia  968 238 510
3. Mecial Centre Virgen de la Caridad, Calle Jorge Juan, 30, 30204, Cartagena  968 506 666

This document gives general information about the insurance product. The complete product pre-contractual and contractual information is provided in the reference information, the general and particular conditions and the rest of the documentation delivered with the insurance contract (policy).

What is this type of insurance?

ASISA Salud is a full coverage health care insurance (hospital and out-of-hospital care) with access to any of the professionals and centres on the ASISA medical panel assigned to this product. It has copayments.



What is covered?

- ✓ Emergency Service.
- ✓ Primary care:
 - General and family medicine
 - Paediatrics.
 - Nursing.
- ✓ Specialist Medicine.
- ✓ Diagnostic resources.
- ✓ Special treatment techniques.
- ✓ Other services
 - Podology.
 - Psychotherapy.
 - Family planning
 - Childbirth classes.
 - Stomatology and Dentistry.
 - Second opinion.
 - Preventive medicine.
 - Virtual doctor..
- ✓ Hospitalisation:
 - Day hospital.
 - Maternity.
 - Paediatrics, including newborn care.
 - For surgical reasons.
 - For medical reasons.
 - Psychiatry.
 - In specialist units (e.g. ICUs).
- ✓ Day surgery.
- ✓ Patient transfer (ambulance).
- ✓ Prosthetics and implants.
- ✓ Transplants.
- ✓ Occupational Accidents and Obligatory Motor Vehicle Insurance
- ✓ Travel Assistance.
- ✓ Accidental death insurance

The complete details of the coverage included is available to the insured in the general product conditions.



What is not covered?

- ✗ Care derived from the attention for pathologies, situations or processes prior to contracting the insurance or those present at the time it was taken out, which were known and not declared in the questionnaire the Insured has to complete; as well as their sequelae, evolutionary outbreaks and complications.
- ✗ Care resulting from pathologies caused by participation of the Insured in professional activities or sports that involve significant danger, either as a professional or an amateur.
- ✗ Plastic surgery for aesthetic reasons; and any diagnostic or therapeutic technique performed for aesthetic or cosmetic purposes. Sex change, bariatric and robotic surgery.
- ✗ Those resources, procedures and techniques not recognised or not universalised in normal medical practice, or those of an experimental or investigational nature, are all excluded from the insurance coverage.
- ✗ Any diagnostic or therapeutic technique not expressly included in the policy coverage, as well as any care prescribed and/or carried out by professionals or centres not authorised by the entity

The complete details of the coverage included is available to the insured in the general product conditions.



Are there restrictions for coverage?

- ! There are waiting periods (an initial term when coverage is not yet available) during which the insured person has restricted access to certain benefits.
- ! Podiatry: up to 12 sessions/year.
- ! Psychiatric hospitalisation: up to 50 days/year.
- ! Transplants: bone marrow and cornea transplants are covered.
- ! Psychotherapy: up to 20 sessions/year or 40 sessions for eating disorders, bullying, cyberbullying and gender violence.
- ! Travel assistance: medical expenses up to €14,000 per insured and trip.
- ! Accidental death insurance: for people over 14 years of age and under 65 years of age (€6,000).

The complete details of the coverage restrictions are available to the insured in the general product conditions



Where am I covered?

- ✓ In Spain, except as regards the healthcare travel assistance guarantee, in which there is also coverage abroad.



What are my obligations?

- Inform ASISA of all circumstances known to you that may influence the risk assessment before the contract is signed, in accordance with the health questionnaire submitted to you by ASISA.
- Sign the insurance contract, provide ASISA with both the premium (insurance price) and any co-payments (where applicable).
- To inform ASISA of any change of address for the insured person appearing in the contract within 8 days of it occurring.
- Minimise the consequences of a claim by using the available resources for a prompt recovery of the insured.
- Provide ASISA with all the information it needs to claim the cost of the healthcare provision from the person responsible (in cases where this is legally possible).
- The policyholder (contracting party) and the insured must provide ASISA with the medical reports and/or estimates of the provider whenever expressly requested, so that ASISA can determine if the required healthcare provision is subject to coverage by the policy.
- Inform ASISA of the loss, theft or deterioration of the card as soon as possible, so it can issue and send a new card to the address of the insured in the contract and cancel the previous one.



When and how do I have to make the payments?

- The first premium or fraction of it will be payable once the contract is signed. Subsequently, premiums are paid annually, on a monthly, bi-monthly, quarterly or semi-annual basis.
- Payment of the premium is by direct debit.



When does the coverage start and end?

- After payment of the first premium, the coverage begins and will be provided by ASISA from the contract start date for the period of time established in the particular conditions. It may be extended for successive years.



How can I end the contract?

- The policyholder may terminate the contract by notifying ASISA in writing at least one month before the contract termination date, as stated in the particular conditions.