



Zahtev za naknadu troškova medicinskih usluga Application for Compensation for the costs of medical services rendered

Broj polise / Policy No.

Naziv paketa / Package title

OSIGURANIK / INSURED

IME I PREZIME /
NAME & LAST NAME

JMBG / UIDN

BROJ LIČNE KARTE I
MUP / ID CARD NO. &
ISSUING AUTHORITY

BROJ ID KARTICE /
ID CARD NO.

ULICA I BROJ /
STREET AND NO.

POŠTANSKI BROJ /
POSTAL CODE

MESTO / CITY

TELEFON /
TELEPHONE

E-MAIL

Podaci o pruženoj medicinskoj usluzi / Particulars of the medical service rendered

1. Uzrok prvog javljanja zdravstvenoj ustanovi
/ Reason for the first call to the health institution

1.1. U kojoj zdravstvenoj ustanovi je postavljena početna dijagnoza
/ Health institution where the initial diagnosis is made

1.2. Datum prve posete zdravstvenoj ustanovi
/ Date of the first visit to the health institution

1.3. Postavljena dijagnoza / Diagnosis

1.4. Izvršena medicinska usluga / Medical service rendered

1.5. Da li je ranije postojala dijagnoza / tretman za
navedenu bolest / povredu. Ako je odgovor DA navesti
datume, prepisane lekove / terapije i ime lekara
DA YES NE NO
Any previous diagnosis/treatment for the disease/
injury specified. If YES, enter the relevant dates,
medications prescribed /treatments and the name of
the doctor

1.6. Iznos ukupnih troškova za primljene medicinske usluge
/ Total costs of medical services rendered

RSD

Izjavljujem da su gore navedeni podaci tačni i istiniti. Ovlašćujem svakog lekara, zdravstvenu ustanovu i apoteku da mogu pružiti sva obaveštenja u vezi sa prijavljenim osiguranim slučajem koje predstavnici Wiener Städtische osiguranje a.d.o. od njih budu tražili, kako bih nadoknadio nastale troškove pruženih medicinskih usluga.

OBAVEZNA DOKUMENTACIJA KOJA SE PRILAŽE UZ OVAJ ZAHTEV:

- Račun za izvršene medicinske usluge, uključujući fiskalni račun – original
- Kompletna medicinska dokumentacija u vezi sa pruženom uslugom – original
- Identifikaciona kartica osiguranika – fotokopija obe strane
- Lična karta osiguranika – el. očitana ili fotokopija
- Kartica dinarskog tekućeg računa – fotokopija obe strane
- Zahtev za preautorizaciju, ukoliko je vršeno prethodno odobrenje troškova
- Ostala dokumentacija na zahtev osiguravača

Napomena: Ova prijava se koristi u slučaju kada osiguranik sam plati troškove primljene medicinske usluge.

I do hereby declare that the above data are accurate and true. I do authorize any doctor, health institution and pharmacy to provide any information related to the registered case insured as asked by the representative(s) of Wiener Städtische osiguranje a.d.o. in order to compensate for the costs arising from medical services rendered to me.

MANDATORY DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION:

- Bill for the medical services rendered, including fiscal slip - originals
- Complete medical documentation related to the service rendered – original
- Identification card of the Insured – photocopy of both front and back
- ID Card of the Insured – electronically read or a photocopy
- Current account card (RSD) – photocopy of front and back of the card
- Application for pre-authorization if prior cost authorization was performed
- Other documents as required by the Insurer

NOTE: This application is used in case where the Insured has paid for the medical services rendered himself/herself.

Mesto, datum / Place, date

Potpis osiguranika (za maloletna lica potpis roditelja) /
Signature of the Insured (For minors, parental signature)