



1. PODACI O OSIGURANIKU / INSURED DETAILS

Broj polise
Policy numberBroj ID kartice
ID card no.Ime i prezime
Name & Last nameJMBG
UIDNAdresa
AddressTelefon
TelephoneE-mail
E-mail

Potpisivanjem ovog zahteva, izjavljujem da su gore navedeni podaci tačni i istiniti. Ovlašćujem svakog lekara i zdravstvenu ustanovu da mogu ove informacije proslediti Wiener Städtische osiguranju a.d.o. kako bi bili nadoknađeni troškovi. U suprotnom, usluge ću snositi lično. / Signing this application, I do hereby declare that the above data are accurate and true. I do hereby authorize any doctor and medical institution 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. Otherwise, I shall bear the costs myself.

2. NALOG ZA UPUĆIVANJE NA PREGLED / REFERRAL FOR MEDICAL EXAM

br.
No.od
fromZdravstvena ustanova
Medical institutionMatični broj / PIB
Registry numberDatum i vreme pregleda
Time and date of medical examUgovoreno učešće
Cost participationVrsta zakazanog pregleda
The type of scheduled medical examinationOpis zdravstvenih tegoba
Description of health problemsNapomena
NoteZa call centar osiguravača
For the call center of the insurer

3. PODACI O TROŠKOVIMA PRUŽENIH MEDICINSKIH USLUGA / COST DETAILS FOR MEDICAL SERVICES RENDERED

Br. / No.	Datum / Date	Opis medicinskog tretmana / Description of medical treatment	Iznos (RSD) / Cost (RSD)
1.			
2.			
3.			
4.			
5.			
Ukupan iznos Total cost			
Ukupan iznos umanjn za ugovoren popust Total cost reduced by the agreed discount			
Ugovoreno učešće osiguranika (navedeno na kartici osiguranika) Cost participation of the insured (stated on the insured's card)			
UKUPAN IZNOS MEDICINSKIH USLUGA TOTAL COST OF MEDICAL SERVICES RENDERED			

Mesto, datum / Place, date

Za zdravstvenu ustanovu - potpis i pečat
For the healthcare institution - Signature and stampPotpis osiguranika (za maloletna lica potpis roditelja)
Insured's signature (For minors, parental signature)

OBAVEZNA DOKUMENTACIJA KOJA SE PRILAŽE UZ OVAJ ZAHTEV:

- Kompletna medicinska dokumentacija u vezi sa pruženom uslugom - original
- Račun za izvršene medicinske usluge, uključujući fiskalni račun - original
- Zahtev za preautorizaciju, ukoliko je vršeno prethodno odobrenje troškova
- Ostala dokumentacija na zahtev osiguravača

Radno vreme: pon - pet od 07:00 do 22:00h i sub od 08:00 do 14:00h

NAPOMENA: Ovaj obrazac sadrži nalog za upućivanje osiguranika na zakazani lecarski pregled, koji u ime osiguravača potpisuje Call Centar. Original ovog zahteva sa ostalom dokumentacijom dostaviti osiguravaču u roku od 7 dana. Osiguravač, radi refundacije učinjenih troškova, zadržava pravo da zahteva dodatnu dokumentaciju i vrši samostalno odlučivanje u vezi sa njihovim priznavanjem.

MANDATORY DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION:

- Complete medical documentation related to the service rendered - original
- Bill for the medical services rendered, including fiscal slip - originals
- Application for pre-authorization if prior cost authorization was performed
- Other documents as required by the Insurer

Working hours: Mon - Fri from 07:00 till 22:00h and Sat from 08:00 till 14:00h

NOTE: This form contains an order for referring the insured to the scheduled medical examination, which on behalf of the insurer signs a doctor in the call center. The original of this request with other documentation shall be submitted to the insurer within 7 days. In order to reimburse the expenses, the insurer reserves the right to request additional documentation and make an independent decision regarding their recognition.

ŽIVOT BEZ BRIGE

011 22 09 808 www.wiener.co.rs f WienerStädtischeOsiguranjeSrbija i wienerstadtische

Trešnjinog cveta 1, 11070 Novi Beograd, Srbija, Fax: 011 2209 930, E-mail: office@wiener.co.rs

WIENER
STÄDTISCHE
VIENNA INSURANCE GROUP