

# APPLICATION

for payment of insurance indemnification for health insurance

INN:   
(Individual notification number)

As of date: .....

Insurance event as a result of:  Disease  Childbirth  Accident  Pregnancy  Critical condition

APPLICANT:

Name as per identification document:

.....  
 Personal/Foregner's N°

Address:.....  
 Cell phone: +359 .....  
 Email: .....

INSURED PERSON: (if different from the applicant):

Name as per identification document:

.....  
 Personal/Foregner's N°

Address: .....  
 Cell phone: +359 .....  
 Email: .....

Policyholder: .....

In one's capacity of:  Insured person  Legal representative  Proxy

**I would like to be reimbursed of the expenses for health services and/or goods in the amount of** ..... EUR

Bank account: IBAN:

SWIFT code:  Bank: ..... Currency - EUR

Holder:  Applicant  Indured person  Other: .....

INFORMATION ABOUT THE EVENT: (Detailed description of the reasons/circumstances where the insurance event took place):

PLEASE FIND ENCLOSED THE FOLLOWING DOCUMENTS (in compliance with section XII, item 7.3 of the General Terms and Condition under the insurance policy)

- |  |   |
|--|---|
| Examination papers: ..... pcs.                       | Outpatient card: ..... pcs.             |
| Declaration for selecting a team                     | Discharge summary: ..... pcs.           |
| Prescription: ..... pcs.                             | Image diagnostics reading: ..... pcs.   |
| Packages/Stickers from supplies/ devices: ..... pcs. | Medical record for pregnancy monitoring |
| Invoice: ..... pcs. with fiscal receipt: ..... pcs.  | Prescription book N° .....              |
| Physiotherapeutic treatments card                    | Bank account certificate                |
| Results of medical tests: ..... pcs.                 | Power of attorney                       |
| X-ray images: ..... pcs.                             | Parental declaration                    |
| Sector/panoramic X-ray                               | Others: .....                           |

**I hereby declare that during the event:** I haven't had same risks. In case of ticking "I have had", specify: I have had a valid insurance in another company covering the

Insurance company: ..... Insurance amount: .....

Insurance policy N° .....

**PREFERRED COMMUNICATION METHOD:** E-mail Indicated address Telephone/SMS

Received by /name/: ..... Applicant: .....

Date of receipt: ..... Application date: .....

Signature: .....