

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 BGN

Bank account: IBAN:

SWIFT code: Bank: Currency - BGN

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.

Declaration for selecting a team

Prescription: pcs.

Packages/Stickers from supplies/ devices: pcs.

Invoice: pcs. with fiscal receipt: pcs.

Physiotherapeutic treatments card

Results of medical tests: pcs.

X-ray images: pcs.

Sector/panoramic X-ray

Outpatient card: pcs.

Discharge summary: pcs.

Image diagnostics reading: pcs.

Medical record for pregnancy monitoring

Prescription book N°

Bank account certificate

Power of attorney

Parental declaration

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: