

List of required documents in case of Reimbursement of expenses

Examinations and manipulations in the conditions of outpatient medical care

1. Outpatient sheet/Outpatient card (MoH form No119/98) with reflected diagnosis, anamnesis, objective condition, appointed research and therapy, signature and stamp of the doctor or of the medical institution, signature of the insured person
2. Payment documents /Invoice in the name of the insured person and cash receipt/
3. Application for payment of compensation – signed and scanned

Clinico-laboratory tests, imaging and other studies

1. Outpatient sheet/Outpatient card (MoH form No119/98) with reflected diagnosis, anamnesis, objective condition, appointed research and therapy, signature and stamp of the doctor or of the medical institution, signature of the insured person
2. Results of the studies carried out with the signature and stamp of the doctor or medical institution
3. Reading the result of imaging – X-ray examination, MRI, CT scan, etc. with the signature and stamp of the doctor or medical institution
4. Reading the result of endoscopic and other studies – gastroscopy, fibrocolonoscopy, EEG, EMG, doppler sonography, scintigraphy, etc. with the signature and stamp of the doctor or medical institution
5. Payment documents /Invoice in the name of the insured person and cash receipt/
6. Application for payment of compensation – signed and scanned

Physiotherapy and rehabilitation

1. Outpatient sheet / Outpatient card (MoH form No 119/98) for examination by a specialist doctor, on the profile of the disease, with reflected diagnosis, anamnesis, an objective condition and a recommendation for physiotherapy and rehabilitation, signature and seal of the doctor/medical institution
2. Outpatient sheet issued by a doctor - specialist "Physical therapy and rehabilitation" with reflected examination and appointed complex of procedures with signature and stamp of the doctor or medical institution
3. Outpatient sheet issued by a doctor - specialist "Physical therapy and rehabilitation" with reflected final examination and result of the procedures carried out with the signature and seal of the doctor or medical institution
4. Procedural card with appointed and conducted physiotherapeutic procedures with the signature and seal of the doctor and the medical institution, signatures of the patient and the rehabilitator who carried out the procedures.
5. Payment documents /Invoice in the name of the insured person and cash receipt/
6. Application for payment of compensation – signed and scanned

Hospital treatment

1. Epicrisis with signatures of attending physician and head of clinic/ward, date and stamp of the medical institution
2. When choosing a doctor/team - Application for doctor/team selection
3. Results of studies carried out, outside the scope of the clinical pathway, with the signature and stamp of the doctor and the medical institution
4. Readings from imaging, outside the scope of the clinical pathway, with the signature and seal of the doctor and the medical institution
5. Payment documents /Invoice in the name of the insured person and cash receipt/
6. Stickers /barcodes/ of consumables and implants during surgical treatment
7. Application for payment of compensation – signed and scanned
8. In case of **Birth**, an Epicrisis and An Application for payment of compensation – signed and scanned, applies when the cover is for payment of a fixed amount

Sanatorium treatment and rehabilitation in specialized medical institutions

1. Epicrisis with the signature of the attending physician and stamp of the medical institution, with a recommendation for subsequent sanatorium/rehabilitation treatment
2. Epicrisis from Specialized Hospital for Rehabilitation
3. Procedural file with appointed and conducted physiotherapeutic procedures with the signature and seal of the doctor and the medical institution, signatures of the patient and the rehabilitator who carried out the procedures.
4. Payment documents /Invoice in the name of the insured person and cash receipt/
5. Application for payment of compensation – signed and scanned

Health goods (medicines, dioptric glasses/lenses, medical supplies, etc.)

1. Outpatient sheet/Medical department (MoD form No119/98) with reflected diagnosis, anamnesis, objective condition, appointed research and therapy, signature and stamp of the doctor or of the medical institution, signature of the insured person

Or

1. Epicrisis with the signature of the attending physician and stamp of the medical institution
2. Stickers /barcodes/ on purchased glasses
3. Payment documents /Invoice in the name of the insured person and cash receipt/
4. Application for payment of compensation – signed and scanned

Dental treatment

1. Outpatient sheet with complete dental status, activities performed, signature and stamp of the doctor or of the medical institution, signature of the insured person
2. X-ray examination preceding surgical services
3. X-ray examination /sectional/ preceding and following treatment of pulpitis and periodontitis

4.	Payment documents /Invoice in the name of the insured person and cash receipt/
5.	Application for payment of compensation – signed and scanned

*Note X-rays are not required for children under the age of 18 and for pregnant women

For lump sum payment in case of Critical conditions and medical second opinion

1.	Medical documents proving the diagnosis of the condition
5.	Application for payment of compensation – signed and scanned

Scan (or photograph) the required documents.

Send the documents via your personal link of DigitalHealthID platform.

When requesting the payment of a lump sum for Birth or Critical Condition and Second Medical Opinion, an Application for Payment of Compensation (signed and scanned) is always submitted, regardless of the method of submission of the documents (through the digital platform, by email or on paper).

In all other cases, a Claim Application (signed and scanned) is only required when submitting a claim by email or paper.