

Čast B

**Calculation of assumed costs of scheduled health care
and confirmation on the possible acceptation of the policyholder**

The policyholder (name, surname, birth date):

.....
filed an application for consent under § 9f paragraph. 1 of the Act. 580/2004 Coll. on health insurance and on amendments to Act no. 95/2002 Coll. on insurance and on amendments to certain laws, as amended (the "Act"), the health insurance company a.s.
should approve the following for scheduled treatment within the following scope:

.....

.....

at the health care provider (name, address, contact):

.....

Therefore, please provide calculation of supposed costs of the above treatment.

Breakdown of supposed costs according to items	Paid by the competent institution*	Not paid by the competent institution*
1. Costs of the stay (rate per day x number of days)		
2. Costs of the execution/operation		
3. Other costs (please, specify)		
4. Supposed costs total		
5. Surcharges to be paid by the policyholder	X	

Supposed costs total:.....

The following are the contracting health insurance companies (name and address):

.....

.....

We are confirming that our unit can accept the above policyholder for the scheduled treatment:

yes

no

Our unit accepts the portable document S2 (within the meaning of Article 20(2) of the Regulation of the European Parliament and the Council 883/2004), or the portable document DA1 (within the meaning of Article 36(2) of the Regulation of the European Parliament and the Council 883/2004) for the scheduled treatment:

yes

no

Date:

.....
Name, signature and stamp
of the foreign health care provider

* Competent institution, which carries out social security in another Member State.