APPLICATION FOR CLAIMING RIGHTS FROM SPECIALISTI HEALTH INSURANCE

436

GENERALI

1. PERSONAL DATA OF THE INSURED PERSON

Name and Surname:		Date of birth:
Street and house number:	Postal code and place:	Country:
E-mail:		Phone number:

Health insurance card number (9-digit number above the name of the person on the health insurance card):

2. EXERCISE OF INSURANCE RIGHTS

Please, indicate which medical service you need (e.g. orthopedic examination, magnetic resonance imaging, CT, physiotherapy, surgery, second opinion, psychological help, treatment plan, expert advice etc.)?

Reason for claiming

- ☐ Illness
- ☐ Injury
- ☐ Other (e.g. death of a close family member)

Describe the medical condition for which you need this service:

☐ Second opinion – Who are you claiming it for? ☐ For yourself ☐ For a family member Indicate the relationship:

When can a doctor call you? Please, indicate the hours when you are available:

Do you want to tell us anything else about exercising your rights (e.g. the desired approximate date of service, morning, afternoon etc.)?

3. MEDICAL CONDITION

Enter the date when your health problems have begun or the date of injury:

Have you ever seen a doctor or been treated for these problems?

- ☐ NO
- ☐ YES Please, indicate when you were treated and by which specialist (e.g. orthopedist, cardiologist, GP, emergency etc.):

Do you take any medications?

- ☐ NO
- ☐ YES Please, indicate which medications:

4. ATTACHED MEDICAL DOCUMENTATION

- ☐ eReferral certificate (enter number)
- ☐ Medical report/s
- ☐ Order (e.g. for physiotherapy, X-ray etc.)
- ☐ Decision of the Health Insurance Institute of Slovenia
- ☐ Medical opinion for orthopedic device or order form
- ☐ Physiotherapy report
- ☐ Letter of dismissal
- ☐ Death certificate
- ☐ Other:

5. STATEMENTS AND CONSENTS

I am aware that Generali Insurance Company d.d.:

- may obtain and collect from medical and other institutions the medical and other documentation necessary to establish eligibility for coverage of services according to this claim,
- may forward medical and other documentation directly related to this application form (insurance case) to the selected contractors for the implementation of the required health service,
- may provide my contact details to the second opinion provider Advance Medical, Health Care Management Services, S. A. in order to claim “Second opinion” insurance coverage.

After a successfully resolved application, I undertake to cancel the previously ordered service on the basis of the eReferral in the public health system.
I declare that all of the above statements are true. In addition to the refused payment of the insurance benefit, the established untruthfulness of my statements may also show signs of a criminal offense, of which I am aware. I am acquainted with the Information on personal data processing, which is available at www.generali.si/vop.

Despite the concluded insurance, it is in exceptional cases necessary to undergo a medical service in the public health system. Do you agree that we arrange an appointment for your service with your prior telephone consent? ☐ YES ☐ NO

Place and date:	Place and date:
Insured person’s signature:	Insurance Company representative’s signature:

The filled fields in the application allow for a faster resolving of your case. An incomplete application will be returned to you for completion.

GENERALI zavarovalnica d.d., Kržičeva ulica 3, SI–1000 Ljubljana | Matična številka: 5186684000 | ID za DDV: SI88725324 I Okrožno sodišče v Ljubljani I Osnovni kapital 39.520.347,18 EUR I Družba pripada zavarovalniški skupini Generali Group, vpisani v italijanski register zavarovalniških skupin pod vložno št. 26, ki ga vodi IVASS.