Generali Osiguranje Srbija a.d.o.
Španskih boraca 3
11070 Beograd / Srbija
T +381.11.222.0.575
infomedic@generali.rs
generali.rs

Medical Treatment Authorization Form

PATIENT / INSURED DETAILS

First and last name:	Date of birth:
Policyholder:	Policy no./Insurance card no:
Telephone number:	E-mail:

MEDICAL INSTITUTION DETAILS

Name of medical institution:		☐ Within GOS Network ☐ Outside GOS Network
TIN:		Contact person:
Telephone number:	Fax:	E-mail:

INFORMATION ON THE PLANNED TREATMENT

Please provide a specification of costs containing a detailed description of planned costs, complete medical documentation including the diagnosis based on which the intervention is planned, doctor's reports and referrals proving the medical necessity of the service provided.

Disease diagnosis or description: (ICD10 and description)	Date of the first diagnosis:
First and last name of the doctor:	E-mail:

TYPE OF MEDICAL SERVICE

Day Surgery ___ / ___ / _____

☐ Outpatient Treatment ☐ Infirmary Treatment ☐ Inpatient Treatment Number of nights: _____

NAME OF PLANNED INTERVENTION

Quantity	Medical act(s) (Procedure code)	Descriptive	Laterality Left	 Right	Amount
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
Are you going to place an intra-surgical prosthesis? ☐ No ☐ Yes _____RSD					Total 0

Additional Comment | Clinical Justification of the Procedure(s)

Is the pathology the result of an accident? ☐ No ☐ Yes On what date ___ / ___ / _____
[if applicable, attach a detailed description of what caused the injury]

In case of delivery: Obstetric Index |__|__|__|__| Date of last menstrual period ___ / ___ / _____
Gestational age (ultrasound): _____ Probable delivery date ___ / ___ / _____

In case of Myopia, Astigmatism or Hyperopia, indicate number of diopters (for ophthalmology) Left eye _____ Right eye _____

To be filled out by the insured:

Insured's statement:
By signing this statement:
- I hereby authorize the Insurer to process data on my health condition for the purpose of execution of the insurance contract;
- I hereby release the doctors and paramedics who examined me (my child/dependent) before, during and after the insured event, from doctor-patient confidentiality, and authorize the medical institution that provided me (my child/dependent) with medical service, to provide the Insurer with all the necessary information regarding the health condition and treatment.

* (if the medical institution is outside the GOS network)

- I am aware that the above mentioned clinic is not a part of the network of clinics of Generali Osiguranje Srbija a.d.o. Under full moral and material responsibility, I hereby declare that I take full responsibility and agree to undergo the planned intervention therein, that I agree to take refund of the approved amount and that I will not charge the Insurer if complications occur or if total costs of the intervention exceed the approved amount.

_____
Insured's signature

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PRIVACY NOTICE
RELATED TO MEDICAL TREATMENT AUTHORIZATION PROCESS

From whom do we collect your information?
- from the insured in person, or
- from healthcare facilities internal or external to the Company's network of clinics.

What type of data do we collect?
- first and last name of the insured, date of birth of the insured, first and last name of the policyholder, policy number/card number, telephone number of the insured, email address of the insured and the insured person's health information.

Why do we need your data and for how long do we keep it?

purpose	legal basis	retention period
granting medical treatment authorization	insurance contract	10 years from the time damage was determined or the payment under the insurance contract was made
processing the insured person's health information in order to execute the insurance contract	consent	throughout the insurance contract period and 10 years after the expiration of the insurance contract

Why do we need your data?
In order to execute the insurance contract and to comply with our legal obligations.

With whom do we share your data?
As required, with third parties authorized to process personal data for the aforementioned purposes (healthcare facilities internal or external to the Company's network of clinics, the National Bank of Serbia and authorities, external auditors...).

Where do we transfer your data?
As required, to another country, to the members of the Generali Group and other external partners, in accordance with provisions of the Law on Personal Data Protection.

Your rights regarding personal data processing
You have a right to access, rectify and erase personal data, the right to restrict data processing, to object and to transfer the data.

If the processing of personal data is based on your consent, you can withdraw your consent at any time. It does not affect the admissibility of data processing based on consent prior to withdrawal.

If you believe that the personal data processing was carried out against the Law on Personal Data Protection, you have the right to file a complaint to the Commissioner for information of public importance and personal data protection.

Personal data processing relevant contact

- Contact center: 011 222 0 555

E-mail: **dpo@generali.rs**
Address: GENERALI OSIGURANJE SRBIJA a.d.o., Španskih boraca 3, 11070 Novi Beograd

Amendment and update of the privacy notice
The Company may update this notice. All the updates will be posted on the Company's webpage: www.generali.rs.