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Zahtev za prijavu štete dobrovoljnog zdravstvenog osiguranja
Voluntary Health Insurance Claim Form

Ovaj formular se koristi kada osigurano lice koristi medicinske usluge u Mreži pružalaca zdravstvenih usluga sa kojom Generali Osiguranje Srbija a.d.o. ima važeći ugovor o pružanju usluga. Zahtev za isplatu naknade pružalac zdravstvenih usluga iz Mreže pružalaca zdravstvenih usluga dostavlja Generali Osiguranju Srbija a.d.o. na adresu navedenu u donjem delu formulara. Uz zahtev se prilažu originalni račun (specifikacija troškova), nalazi lekara i druga prateća originalna dokumentacija.

This form is used when the insured person uses medical services provided within the healthcare service providers Network with which Generali Osiguranje Srbija a.d.o. has a valid service contract. Request for reimbursement is to be submitted by a service provider – member of the healthcare service providers Network, to Generali Osiguranje Srbija a.d.o., to the address at the end of the form. Original receipt (list of expenses), doctor's reports and other additional original medical records are enclosed with this Claim.

Molimo da ovaj formular popunite za svako osigurano lice posebno. / *Please complete this form separately for each insured person.*

IDENTIFIKACIONI PODACI / *PERSONAL INFORMATION*

PODACI O OSIGURANOM LICU / *INSURED PERSON*

Ime: *First name:*	Broj polise: *Policy number:*
Prezime: *Last name:*	Br. isprave o dobrovoljnom zdravstvenom osiguranju: *Voluntary Health Insurance Card number:*
Datum rođenja: *Date of birth:*	Adresa: *Address:*
Broj lične karte: *ID card number:*	Broj mobilnog telefona: *Mobile phone number:*
Ugovarač: *Policyholder:*	E-mail adresa osiguranog lica: *E-mail address of the insured person:*

Ja, kao korisnik osiguranja, svojim potpisom na ovom obrascu dajem svoju pismenu saglasnost da se rešenje o pravu na naknadu, obaveštenja i informacije dostavljene od strane osiguravača u elektronskoj formi na gorenavedenu adresu mogu smatrati podjednako validnim kao i dokumenti ispostavljeni u pismenoj formi.
I, the undersigned insurance beneficiary, hereby give my written consent that the decision on the right to a compensation, notifications and information submitted by the Insurer electronically to the specified e-mail address can be considered as valid as the documents submitted in written form.

Datum *Date*	Opis medicinskog tretmana *Description of the medical treatment*	Priložen račun/specifikacija br. *Enclosed receipt/specification no.*	Cena *Price*
		Ukupan iznos: *Total amount:*	
		Ugovoreni popust osiguravaču *Stipulated discount for the Insurer* (_____%):	
		Participacija* osiguranog lica u troškovima *Participation* - partial payment of medical service fees by the insured person* (_____%):	
		Ukupan iznos za pružaoca zdravstvene usluge: ***Total amount for the healthcare service provider:***	

* Ukoliko osigurano lice ima opciju učešća (participacije) u troškovima, ona je navedena na ispravi o dobrovoljnom zdravstvenom osiguranju.
** If the insured person has the option to participate by paying a part of the medical service fee, it is specified on the Voluntary Health Insurance Card.*

Datum / *Date*

Pečat ustanove / *Institution's seal*

Saglasan sam da putem SMS-a na br. telefona naveden u zahtevu dobijem informaciju o plaćanju *DA/YES* *NE/NO*
I authorize the Company to send me SMS messages with payment information to the phone number specified in the claim

Saglasan sam da elektronskim putem na e-mail adresu navedenu u zahtevu dobijam Pisma obaveštenja i Rešenje o isplati *DA/YES* *NE/NO*
I authorize the Company to send me Notifications and Payment decision to the email specified in the claim

Ovim izjavljujem da su svi gorenavedeni podaci tačni i istiniti. Ovlašćujem svakog lekara, medicinsku ustanovu, apoteku, osiguravajuće društvo, poslodavca, sindikat ili udruženje da ovaj zahtev prosledi kompaniji Generali Osiguranje Srbija a.d.o. kako bi iznos bio adekvatno isplaćen. U protivnom, nosilac ove polise će sam snositi navedene troškove. Svojeručnim potpisom potvrđujem da ću, u slučaju da osiguravajuća kuća odbije refundaciju ili je isplati delimično, u skladu sa limitima polise osiguranja, preostali iznos potraživanja refundirati lično pružaocu usluga. Potpisom na ovom zahtevu ovlašćujem bilo kog lekara ili medicinsko osoblje, bolnicu ili drugu zdravstvenu ustanovu, socijalno osiguranje ili drugu osiguravajuću ustanovu da osiguraču, bez moje posebne saglasnosti, daju bilo koju informaciju, istoriju bolesti, medicinsku dokumentaciju o trenutnom i ranijem zdravstvenom stanju u vezi sa konkretnim osiguranim slučajem i službeni dokument ili potvrdu koje osiguravač smatra neophodnim za procenu osnovanosti ovog zahteva za prijavu štete dobrovoljnog zdravstvenog osiguranja. Potpisom na ovom zahtevu potvrđujem da sam u potpunosti upoznat/a sa sadržinom Obaveštenja o obradi podataka o ličnosti i izričito saglasan/na da lične podatke koji su sadržani u ovom zahtevu, kao i sve druge relevantne podatke (uključujući i podatke o zdravstvenom stanju) koji u postupku obrade štete budu utvrđeni i prikupljeni od trećih lica - zdravstvenih ustanova, Generali Osiguranje Srbija a.d.o. može čuvati, obrađivati, koristiti i preneti svojim zaposlenima i reosiguravačima ili saosiguravačima sa kojima bude zaključio ugovor o raspodeli rizika osiguranja, a u svrhu izvršenja obaveza određenih ugovorom o osiguranju. Takođe, potvrđujem da sam izričito saglasan/na da Generali Osiguranje Srbija a.d.o. podatke iz prethodnog stava može čuvati, obrađivati i koristiti u statističke svrhe, u svrhe praćenja rizika u toku trajanja osiguranja i procene rizika pri obnovi ili zaključenju budućih ugovora o osiguranju, kao i da ih može proslediti svim povezanim pravnim licima, članovima svojih organa, trećim licima sa kojima ostvaruje saradnju u postupku likvidacije štete i trećim licima koja po zakonu i prirodi posla koji obavljaju moraju imati pristup tim podacima (Narodna banka Srbije, predstavnici ministarstava i drugih državnih organa, eksterni revizori i sl.).
Potvrđujem da sam prethodno upoznat i izričito saglasan da osiguravač može moje lične podatke, i to: ime i prezime, e-mail adresu i broj telefona, obrađivati u svrhu ispitivanja zadovoljstva klijenata – anketiranja, kao i da iste može razmenjivati sa kompanijom Medallia, Ltd. 90 High Holborn, London, WC1V 6XX, sa kojom ima zaključen Ugovor o obradi podataka a radi sprovođenja Projekta analize zadovoljstva klijenata.
I hereby declare that all the above information is true and accurate. I authorize any physician, medical institution, pharmacy, insurance company, employer, union or association to send this Claim to Generali Osiguranje Srbija a.d.o. so that the amount can be paid properly. Otherwise, the policyholder shall personally bear these expenses. By signing this form I certify that, in case the Insurer declines to refund, or makes partial payment, in accordance with insurance policy limits, I shall personally refund the remaining amount to the service provider. I hereby authorize any physician or medical staff member, hospital or another medical institution, social security or another insurance company to issue to the Insurer without my explicit consent, any information, medical history, medical records on current and pre-existing health condition regarding this insured event and official document or a certificate the Insurer considers necessary to assess the grounds of this Voluntary Health Insurance Claim. I hereby certify that I am fully informed about the content of the personal data processing Notice and I fully authorize Generali Osiguranje Srbija a.d.o. to store, process, use and send to its employees, reinsurers or coinsurers with whom it enters into agreement on insurance risk sharing, the personal data listed in this Claim form and all other relevant information (including the information on health condition) which have been determined and obtained from third parties – medical institutions in the process of claims administration, in order to fulfill contractual obligations set out in the insurance contract. also certify that I fully authorize Generali Osiguranje Srbija a.d.o. to store, process and use the information referred to in the previous paragraph, for statistical purposes, for the purpose of risk monitoring during the period of insurance, and risk assessment at the time of insurance renewal or conclusion of future insurance contracts, and to forward them to all related legal entities, members of its bodies and third parties with whom it collaborates in the process of claim settlement, and to third parties who, in accordance with the law and by nature of their work, must have access to these data (National Bank of Serbia, ministry representatives and government officials, external auditors, etc.).
I hereby declare that I was informed and I expressly authorize the Insurer to process my personal data: name and surname, e-mail and telephone number for the purpose of client satisfaction survey, and to share them with Medallia Ltd., 90 High Holborn, London, WC1V 6XX, with which it has signed a Data Processing Agreement for implementation of the Client Satisfaction Analysis Project.

Datum / *Date*

Potpis osiguranog lica (Za maloletna lica, potpis roditelja ili staratelja)
Signature of the insured person (For minors, signature of a parent or legal guardian)