



Generali Osiguranje Srbija a.d.o.  
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generali.rs

ZA ZD 38-05

## 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:		<input type="checkbox"/> Within GOS Network <input type="checkbox"/> Outside GOS Network
TIN:	Contact person:	
Telephone number:	Fax:	E-mail:

### To be filled out by the Insured:

<p>Insured's statement: By signing this statement:</p> <ul style="list-style-type: none"><li>- I hereby authorize the Insurer to process data on my health condition for the purpose of execution of the insurance contract;</li><li>- 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.</li></ul> <p>* (if the medical institution is outside the GOS network)</p> <ul style="list-style-type: none"><li>- 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.</li></ul> <p style="text-align: right;">_____</p> <p style="text-align: right;">Insured's signature</p>
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### 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:	Date of the first diagnosis:
Name of planned intervention:	Date of planned intervention:
First and last name of the doctor:	E-mail:

### TYPE OF MEDICAL SERVICE

Outpatient Treatment: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Infirmary Treatment <input type="checkbox"/> Day Surgery	Inpatient Treatment: <input type="checkbox"/> YES <input type="checkbox"/> NO
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**PLANNED COSTS (submit a pro forma invoice with the specification of each service provided during inpatient or outpatient treatment in accordance with the previously approved services price list)**

**To be filled out by doctor-censor of Generali Osiguranje Srbija:**

Doctor-censor's opinion:

\_\_\_\_\_  
Signature of the doctor-censor at Generali Osiguranje Srbija**Expenses approved for refund**

Expenses	Full amount	Copay percentage	Copay amount	Refund amount
Fee for doctors and surgeons		%		
Preoperative care		%		
Hospital accommodation and meals		%		
Intervention price		%		
Medications administered during intervention		%		
Ambulance services		%		
Lab services		%		
Implants		%		
Medical-technical aids		%		
Other		%		
		%		
<b>TOTAL APPROVED EXPENSES:</b>		%		

In Belgrade, \_\_\_\_\_

**Additional comment****Important notes**

Based on the above information, the Insurer hereby authorizes the said medical treatment, and confirms that this treatment will be covered in accordance with the insurance Terms and Conditions and the policy. In authorizing this treatment, the Insurer relies on the veracity of the information provided by the medical institution. Any abuse or false statement shall make this authorization null and void. The Insurer reserves the right to review the required medical documentation, at no additional charges to the Insurer.

Based on this authorization, the Insurer accepts the reimbursement of costs to the above institution or to the Insured for the said treatment, up to the amount specified above, upon submission of the relevant documentation proving that the authorized medical treatment has been performed. If the final costs of the authorized medical treatment are lower than the approved amount, the Insurer will make the payment of that amount.

In the event that due to unforeseen circumstances or medical complications related to authorized medical treatment the medical institution performs additional procedures and treatments that are medically necessary, the Insurer will reimburse the costs if they are standard and usual costs of those procedures and treatments in accordance with the Terms of Insurance and the insurance policy.



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## **PRIVACY NOTICE RELATED TO THE PROCESS OF MEDICAL TREATMENT AUTHORIZATION**

In the process of granting prior authorization of medical treatment, GENERALI OSIGURANJE SRBIJA a.d.o. (hereinafter: Company) collects personal data of the Insured (Insured's first and last name, Insured's date of birth, Policyholder's first and last name, policy number/card number, Insured's telephone number, e-mail, and Insured's health information) either from the Insured or from medical institutions that are within/outside the Company's network of clinics.

### **Purpose of Processing, Legal Basis and Retention Period**

1. All personal data of the Insured are processed by the Company for the purpose of granting prior authorization of medical treatment, based on the insurance contract. Without collecting and processing the Insured's personal data the Company is not able to fulfill its contractual obligations. The data processed for this purpose are retained for a period of 10 years after the loss is determined or after the payment of amounts set out in the insurance contract.
2. The Company processes the data on the Insured's health status at the time of granting authorization of the medical treatment for the purpose of execution of the insurance contract. Data processing is carried out based on the Insured's consent. Without collecting and processing these data the Company cannot execute the contract. The data processed for this purpose are retained, in compliance with the law, throughout the insurance contract period, and for a period of 10 years after the expiry of the insurance contract.

### **Data Access and Transfer**

The Company shares all the Insured's personal data with its employees who must have access to such data as a part of their job, medical institutions that are within/outside the Company's network of clinics, and third parties who must have access to such data, under the law (the National Bank of Serbia and other authorities, external auditors, courts, etc.).

### **Data Processing Rights**

The Insured has all the legal rights regarding personal data processing: right to access, modify, amend, and delete personal data, the right to limit the data processing, to object and to transfer the data. If the Insured has given consent for the processing of personal data, the consent may be revoked at any time. Revocation of consent will not affect the admissibility of pre-revocation consent-based processing.

The Insured has the right to file a complaint to the Commissioner for information of public importance and personal data protection.

### **Contact**

If you have any questions about your rights related to personal data processing, or if you have information or concerns about data breach, please contact us:

- Contact center: 011 222 0 555
- E-mail: [dpo@generali.rs](mailto:dpo@generali.rs)
- Address: GENERALI OSIGURANJE SRBIJA a.d.o., Vladimira Popovića 8, 11070 Novi Beograd