Časť B

Calculation of assumed costs of scheduled cross-border health care

Policyholder (name, surname, date of birth):

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filed an application for consent under § 9f paragraph. 2 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..... , a.s.
the payment of cross-border healthcare (according to the performance of the Ministry of Health of the Slovak Republic no. 341/2013 Coll. establishing cross-border healthcare, which is subject to prior approval by the relevant health Insurance company for the purpose of reimbursement)
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.....
the health care provider in another Member State of the European Union (name, address, contact):
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.....
.....

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

Breakdown of supposed costs according to items	
1. Costs of the stay (rate per day x number of days)	
2. Costs of the execution/operation	
3. Other costs (please, specify)	

Supposed costs total::.....

Date: .....

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