

**Časť B**

**Calculation of assumed costs of scheduled health care  
and confirmation on the possible acceptance of the policyholder**

**The policyholder (name, surname, birth date):** .....

**filed an application for consent under § 9f paragraph. 1 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 company ....., a.s.**

**should approve the following for scheduled treatment within the following scope:**

**at the health care provider (name, address, contact):**

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

<b>Breakdown of supposed costs according to items</b>	<b>Paid by the competent institution*</b>	<b>Not paid by the competent institution*</b>
1. Costs of the stay (rate per day x number of days)		
2. Costs of the execution/operation		
3. Other costs (please, specify)		
4. Supposed costs total		
5. Surcharges to be paid by the policyholder	X	

**Supposed costs total:**.....

The following are the contracting health insurance companies (name and address):

We are confirming that our unit can accept the above policyholder for the scheduled treatment:

yes

no

Our unit accepts the portable document S2 (within the meaning of Article 20(2) of the Regulation of the European Parliament and the Council 883/2004), or the portable document DA1 (within the meaning of Article 36(2) of the Regulation of the European Parliament and the Council 883/2004) for the scheduled treatment:

yes

no

Date: .....

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

\* Competent institution, which carries out social security in another Member State.