Časť B

Calculation of assumed costs of scheduled cross-border health care

Policyholder (name, surname, date of birth):

....

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)
....
....
....
the health care provider in another Member State of the European Union (name, address, contact):
....
....
....

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