



Generali Osiguranje Srbija a.d.o.
Vladimira Popovića 8
11070 Beograd / Srbija
T +381.11.222.0.575
infomedic@europ-assistance.rs

generali.rs

ZA ZD 38-06

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">- I hereby authorize the Insurer to process data on my health condition for the purpose of execution of the insurance contract;- 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. <p>* (if the medical institution is outside the GOS network)</p> <ul style="list-style-type: none">- 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. <p style="text-align: right;">_____</p> <p style="text-align: right;">Insured's signature</p>
--

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
---	--	--

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		%		
		%		
TOTAL APPROVED EXPENSES:		%		

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.

You can download the Privacy Notice related to medical treatment authorization process at the Company website www.general.rs, in the Personal Data Protection section.



Generali Osiguranje Srbija a.d.o.
Vladimira Popovića 8
11070 Beograd / Srbija
T +381.11.222.0.555
F +381.11.711.43.81
kontakt@generali.rs
generali.rs

PRIVACY NOTICE RELATED TO MEDICAL TREATMENT AUTHORIZATION PROCESS

From whom do we collect your information?

- from the insured in person, or
- from healthcare facilities internal or external to the Company's network of clinics.

What type of data do we collect?

- first and last name of the insured, date of birth of the insured, first and last name of the policyholder, policy number/card number, telephone number of the insured, email address of the insured and the insured person's health information.

Why do we need your data and for how long do we keep it?

purpose	legal basis	retention period
granting medical treatment authorization	insurance contract	10 years from the time damage was determined or the payment under the insurance contract was made
processing the insured person's health information in order to execute the insurance contract	consent	throughout the insurance contract period and 10 years after the expiration of the insurance contract

Why do we need your data?

In order to execute the insurance contract and to comply with our legal obligations.

With whom do we share your data?

As required, with third parties authorized to process personal data for the aforementioned purposes (healthcare facilities internal or external to the Company's network of clinics, the National Bank of Serbia and authorities, external auditors...).

Where do we transfer your data?

As required, to another country, to the members of the Generali Group and other external partners, in accordance with provisions of the Law on Personal Data Protection.

Your rights regarding personal data processing

You have a right to access, rectify and erase personal data, the right to restrict data processing, to object and to transfer the data.

If the processing of personal data is based on your consent, you can withdraw your consent at any time. It does not affect the admissibility of data processing based on consent prior to withdrawal.

If you believe that the personal data processing was carried out against the Law on Personal Data Protection, you have the right to file a complaint to the Commissioner for information of public importance and personal data protection.

Personal data processing relevant contact

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

Amendment and update of the privacy notice

The Company may update this notice. All the updates will be posted on the Company's webpage: www.generali.rs.