TOKUDA HEALTH INSURANCE JSC
1407 Sofia, 51B „Nikola Vaptsarov“ Bvld., office@thi.bg, www.thi.bg

№ ...../.....

APPLICATION FORM

For cost reimbursement under
the "Cost recovery" package

Name:		
EGN/Date of birth/Number or ID card:	Number of health insurance card:	Tel.: E-mail:
Adress:		
Bank account: IBAN /Enter the bank account to which you wish to be translate damages/		Total sum of claim:

Dear Mrs. Executive Director,
Please pursuant to art. 33 from the General Terms and Conditions of Illnes Insurance Contract №...../date.....between "TOKUDA HEALTH INSURANCE" JSC and.....to be reimbursed the expenses. Enclose the following documents:

1. Medical documents

☐ Cost recovery for medical examination and treatment				☐ Cost recovery for purchased medicines, dioptrical glasses and aids						☐ Cost recovery for dental treatment	
Outpatient medical care		**Hospital treatment**		**Puchased medicines**		**Dioptricl glasses/lenses**		**Aids**			
☐	Outpatient's medical chek up report/other medical documents	☐	Discharge slip/Medical report	☐	Outpatient's medical chek up report/other medical documents	☐	Outpatient's medical chek up report/other medical documents	☐	Outpatient's medical chek up report/other medical documents	☐	Outpatient's medical chek up report/other medical documents
☐	List of appointed by doctor tests			☐	Prescription for treatment at home	☐	Prescription for glasses/lenses for vision correction	☐	Prescription for excipients / supplies		
☐	Test results			☐	Prescription card - copy / in the case of prescribed drugs, partially paid by NHIF /	☐	Original packaging of glass / lense and warranty card	☐	Original stickers / packaging		
☐	Diagnostic imaging results										
☐	Card for physiotherapy procedures										

Additional documents:

2. Financial documents:

☐ Invoice No Number:

Application for payment of reimbursed amounts is 15 / fifteen / days from the date of performed health services or the date of purchased health goods
Purchase of medicines for home treatment is within 7/seven/-days of their prescription
Purchase of lenses is within 30 /thirty/-days of their prescription.

I declare their express consent provided in the original documents.

Date: **Signature:**