



Documents required for the reimbursement of expenses

Dear Sirs/Madams,

If you are using the "Reimbursement of expenses" package or a specific section thereof, you can visit the medical facility of your choice by paying for the conducted consultation or the performed treatment or tests by yourself, and then file a request to the company to reimburse your costs. In these cases, it is necessary to request original medical and financial documents from the medical institution for the services used and medicines purchased, if any.

You may submit a request for reimbursement of expenses in any the following ways:

- a. **Online** – via the mobile application B-Assist or via the web platform B-Assist by following the steps and enclosing photos of the gathered documents. Just in case, save the original documents, so that you could present them, if necessary, at the insurer's address: 1301 Sofia, 6 Sveta Sofia Str.
- b. **On paper** – by filling in and submitting an application for reimbursement of expenses together with the gathered original documents at: 1301 Sofia, 6 Sveta Sofia Str. You can find the application form on the insurer's web site.

Depending on the scope of coverage of your "Health Care" insurance and the used service, you will need to present the following documents for the reimbursement of expenses:

For each insurance claim - application* for reimbursement of medical expenses (using the form provided by the insurer).

**When submitting documents online, you do not need to complete or provide this form, as the request is integrated in the electronic form.*

For reimbursement of expenses for inspection:

- a. Medical document with specified diagnosis, performed activities, prescribed tests and prescribed therapy, signature of the physician and the person insured, seal of the medical institution (copy or original);
- b. Original invoice (detailed) with fiscal receipt in the name of the person.

For reimbursement of expenses for tests (examination):

- a. Medical document with specified diagnosis and prescribed examinations, signature of the physician and the person insured, seal of the medical institution (copy or original);
- b. Copy of the results from tests made;
- c. Original invoice (detailed) with fiscal receipt in the name of the person.

For reimbursement of expenses for medications:

- a. Medical document with specified diagnosis and prescribed therapy, signature of the physician and the person insured, seal of the medical institution (copy or original);
- b. Prescription for prescribed home treatment with specified quantity and dosage of the medications, as well as the term for being treated with them (copy or original). The prescription shall have a date of issue, signature and seal of the attending physician;
- c. Original invoice (detailed) with fiscal receipt in the name of the person.

Telephone: **0 700 14 144***
Address: **6 Sveta Sofia street, Sofia, Bulgaria**
www.bulstradlife.bg
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*at the price of one local call according to the subscription plan of the respective telecommunication operator.

For reimbursement of expenses for dioptr glasses/lenses:

- a. Medical document with specified diagnosis and prescribed therapy, signature of the physician and the person insured, seal of the medical institution (copy or original);
- b. Prescription with date of issue, signature and seal of the attending physician (copy or original);
- c. Stickers/packages/for purchased dioptr glasses/contact lenses – copy;
- d. Original invoice (detailed – dioptr glasses, frame and assembly) with fiscal receipt in the name of the person.

For reimbursement of expenses for hospital treatment, consumables and auxiliary means:

- a. Epicrisis from the medical institution with signature of the attending physician and seal;
- b. Request for choice of medical team;
- c. Stickers for input medical articles or other evidence certifying the input of a medical article issued/provided by the same medical institution that has performed the surgical intervention – copy or original;
- d. Detailed bill from the hospital for the respective types of expenses;
- e. Original (detailed) invoice with fiscal receipt in the name of the person.

For reimbursement of expenses for surgery in ambulatory conditions:

- a. Medical document with description of the performed manipulation;
- b. Original (detailed) invoice with fiscal receipt in the name of the person.

For reimbursement of expenses for physiotherapeutic procedures:

- a. Medical document with procedures prescribed by a physician – speciality in physical and rehabilitation medicine;
- b. Physio Procedures Card;
- c. Original (detailed) invoice in the name of the person with entered number of procedures and single value of the procedure;
- d. Fiscal receipt.

For reimbursement of expenses for dental care:

- a. Medical document with entered manipulations performed (upon first claim of documents for expenses – described full dental status);
- b. Upon treatment of pulpitis and periodontitis and extraction – preceding x-ray (not required for children of up to 18 years of age and pregnant women);
- c. Original (detailed) invoice with fiscal receipt in the name of the person.

The insurer reserves the right to request additional documents verifying the date, reason and circumstances of the occurrence of the insurance event, or documents evidencing the incurred medical expenses.

BULSTRAD LIFE VIENNA INSURANCE GROUP is a personal data controller. You can review our Personal Data Protection Policy at www.bulstradlife.bg.