



## **“HEALTH CARE” INSURANCE INFORMATION**

### **Documentation for Reimbursement of Expenses**

Dear Clients,

If you have an active “Reimbursement of Expenses” package or part of this package, you can choose to obtain treatment from a medical facility of your choice and to pay for the consultation, treatment or medical examination services.

Afterwards it is necessary to request the original documentation from the medical facility and to submit to the insurer a request (in a preapproved form) for reimbursement of your medical expenses. Further information about the required documentation is available on the Internet site of BULSTRAD LIFE VIENNA INSURANCE GROUP - [www.bulstradlife.bg](http://www.bulstradlife.bg), in the online application of the “**Health Care**” insurance and in the attached leaflet. You have to send the complete set of documents to the following address: **6, Sveta Sofia Str., 1301 Sofia.**

Depending on the scope of your “**Health Care**” insurance coverage, you have to provide the insurer with the following documents:

✓ **Reimbursement of costs for medical examinations:**

- Request (in a form provided by the insurer);
- Copy of a medical application, filled in, signed and stamped by the doctor, who assigned the treatment, containing information about the medical history, diagnosis and treatment plan;
- Original invoice (containing the type, position and the price of the services), together with a fiscal receipt in the name of the applicant.

✓ **Reimbursement of costs for clinical tests:**

- Request (in a form provided by the insurer);
- Copy of a medical application or referral form, filled in, signed and stamped by the doctor, who assigned the treatment, containing information about the medical history, diagnosis and treatment plan, part of which is the respective clinical test;
- Copy of the clinical test results;
- Original invoice (containing the type, position and the price of the services), together with a fiscal receipt in the name of the applicant.

✓ **Reimbursement of costs for drugs, prescription eyeglasses or lenses;**

- Request (in a form provided by the insurer);
- Copy of a medical application, filled in, signed and stamped by the doctor, who assigned the treatment, containing information about the medical history, diagnosis and treatment plan (drugs);
- Copy of the prescription, containing the prescribed drugs/correction devices, signed, stamped and dated by the doctor, who assigned the treatment;
- Sticker, verifying the purchase of the prescription glasses/lenses;
- Original invoice (containing the type, position and the price of the services), together with a fiscal receipt in the name of the applicant.

✓ **Reimbursement of costs for hospital care:**

- Request (in a form provided by the insurer);
- Copy of the Epicrisis, issued by the medical facility, signed, dated and stamped by the doctor, who assigned the treatment;



- Copy of MZ-NZOK №7 referral form (hospitalization form), through which the patient is referred to hospital care;
- Application for selection of a medical team/doctor – if such application has been submitted;
- Copy of an Anaesthetic sheet (part of the medical history documentation, Document No 2) – in case such services were provided;
- Original invoice (containing the type, position and the price of the services), together with a fiscal receipt in the name of the applicant.

✓ **Reimbursement of costs for consumables (in case of hospital care)**

- Request (in a form provided by the insurer);
- Copy of the Epicrisis, issued by the medical facility, signed, dated and stamped by the doctor, who assigned the treatment;
- Stickers from the respective consumables;
- Original invoice, together with a fiscal receipt in the name of the applicant, containing information about the prices of the medical services provided.

✓ **Reimbursement of costs for physiotherapeutic services:**

- Request (in a form provided by the insurer);
- Copy of a medical application/epicrisis, signed dated and stamped by the doctor, who assigned the treatment, containing information about the medical history, diagnosis and prescription for physiotherapeutic services;
- Copy of the Epicrisis, issued by the physiotherapeutic centre, signed by the physiotherapist;
- Copy of physiotherapeutic sheet;
- Original invoice (containing the type, position and the price of the services), together with a fiscal receipt in the name of the applicant.

✓ **Reimbursement of costs for dental care services:**

- Request (in a form provided by the insurer);
- Copy of medical application, signed, dated and stamped by the dentist, containing information about the medical history, diagnosis and treatment (activities and date of performance thereof);
- Original invoice, together with a fiscal receipt in the name of the applicant, containing detailed description of the “Dental Care” services.
- In case of treatment of pulpitis, periodontitis and surgical care (including tooth extraction), it is necessary to provide also a radiograph, made prior to the treatment/extraction;
- Upon submission of the first claim under the “Dental Care” package it is necessary to provide information about the dental status of the applicant;

*The insurer reserves its right to request additional documents for the purposes of verification of the date of occurrence and the cause for the insured event, the circumstances, related to its occurrence or documents, certifying the medical costs made.*

*\*At the price of one city call or as per the tariff plan of the telecommunication provider used when calling.*