

Social Insurance Agency

Annex No. 3

Branch:

Company Identification Number (IČO):

Medical assessor/MA identifier:

BASIC BILLING DOCUMENT FOR HEALTH CARE PROVIDER (HCP)

data on healthcare services for the purposes of social insurance

Health care provider (HCP)
name:

Billing period:

Health care provider (HCP)
seat:

month / year

Bank account No.:

Sheet No.:

Number of sheets total:

Bank code:

Date of issue:

stamp and signature of HCP

HCP Company Identification
Number (IČO)/Birth No.

Due date:

HCP code:

ROW NO.	BIRTH NUMBER OF THE INSURED PERSON	INSURED PERSON (surname, first name, title)	ACTION NAME ABBREVIATI ON	PPN NUMBER	ACTION DATE	DATE OF REQUES T	MEDICAL ASSESSO R IDENTIFI ER	ACTIO N CODE	SCORE	POINT VALUE IN EUR	TOTAL in EUR 1)	S / N of the medic al assess or (MA) 2)
XXXXX X	XXXXXXX XX	XXXXXXX XX	XXXXXXX	XXXXXX XX	XXXXXX XX	XXXXXX XX	XXXX	XXXXX	XXXXX X	X,XXX X	XX,X X	X
									TOTAL:			
									Total after medical assessor's inspection			
									Difference:			

1) rounded mathematically to 2 decimal places

2) Medical assessor shall indicate A (APPROVED) or N (NOT APPROVED)

Inspection Date

Medical assessor's signature