



ZDRAVOTNÍ
POJIŠTOVNA
MINISTERSTVA
VNITRA ČR

211

CONFIRMATION OF PARTICIPATION AND PAYMENT

1. INFORMATION ABOUT THE INSURED PARTY (COMPLETED BY THE LEGAL GUARDIAN)

Name and surname of the insured party:

Personal number of the insured party:

2. TYPE OF STAY: THERAPEUTIC REHABILITATION STAY

3. CONFIRMATION OF PAYMENT (COMPLETED BY THE PROVIDING ORGANISATION OR ACCOMMODATION FACILITY)

Organisation or accommodation facility:

Name:

ID No:

We confirm that the insured party was accommodated on the specified dates, and that the specified amount was paid for them:

Dates:

from

to

Venue:

Date of payment:

Amount:

CZK/Kč

Confirmation date:

Organisation stamp and signature:

The expenses were not paid from the funds of another party (e.g. employer).

Date:

Signature of the insured party
or legal guardian: