

.....
(stamp)

Krakow, on

APPLICATION FORM
for a decision confirming entitlement to healthcare services financed from public
funds
(for the National Health Fund).

Applicant's details (NFZ):

Name:.....

Headquarters (address): (street, no., premises)

.....

(post code).....(city/town).....

Recipient's data:

First name Last name

.....

PESEL number ID card number₁

- Address of residence: (street, no., premises)

.....

(post code)(city/town).....

- Residence address:² (street, no., premises)

.....

(post code) (city/town).....

- Correspondence address:³ (street, no., premises)

.....

(post code) (city/town).....

I declare that the Recipient is not entitled to healthcare services financed from public funds.

Based on Article. 54 par. 5 in connection with Art. 2 par. 1 point 2 of the Act of 27 August 2004 on health care services financed from public funds, I hereby request a decision confirming the entitlement of the recipient to healthcare services financed from public funds.

.....
..... (signature of the person authorized to act on behalf of
the National Healthcare Fund)

¹ or any other document confirming the recipient's identity

² complete if the recipient has no place of residence

³ complete if the recipient provides a correspondence address other than the address of residence or stay