

The insurance policy number (starts with 8, contains 10 digits)

Documents for Claim Settlement

Please provide only documents related to your treatment or examination.

WITHOUT THE DOCUMENTS LISTED BELOW, THE INSURANCE BENEFIT CANNOT BE PAID.
To speed up the claim process, please provide legible documents in PDF format.

Required documents (must include a legible date)



1. Medical report from the examination:

- for which reimbursement is requested,
- during which medication was prescribed,
- during which laboratory tests were indicated (including the request form),
- including a description of health issues (in case of dental treatment).



2. Proof of payment:

- confirming cash or non-cash payment,
- including a detailed pharmacy receipt with itemized entries.

Insured Person

Surname, First name

Current address in the Czech Republic

Date of birth

E-mail

Details of the Claim

Date of the Claim

Detailed description of the Claim

To be completed if the Claim did not occur in the Czech Republic:

Country where the Claim occurred

Purpose of stay

Exact date of arrival in the country

**Bank account for insurance benefit payment
(held in the Czech Republic)**

Declaration

I confirm that I have been informed about the processing of personal data as published at <https://www.maximapojistovna.cz/en/personal-data-protection-and-processing> and I acknowledge that providing personal data is necessary for the purposes of handling the insurance claim and providing benefits under insurance contracts. I agree to the use of the above-provided email address for communication related to this claim.

Completed notification together with supporting documents should be sent to: lpu@maxima-as.cz