

**SZENT IMRE EGYETEMI OKTATÓKÓRHÁZ**

**1115 Budapest, Tétényi út 12-16.**

✉ 1502 Budapest, Pf. 4.

☎ Tel.: (36-1) 464-86-00

Fax: (36-1) 203-36-45

**FNY049**

|                 |  |
|-----------------|--|
| Surname & Name: |  |
| DoB:            |  |
| Nationality:    |  |
| ID-doc:         |  |

**INFORMATION**

Dear patient,

Those patients, who do not have a Hungarian Social Security Number or there's no valid medical insurance treaty between Hungary and the given country, will have to cover the costs of their medical treatment, or the insurance company will have to cover it. The amount of payment will be decided according to the financial regulations of our hospitals.

Approximate expenses:

|   |   |   |     |
|---|---|---|-----|
| ≈ | € | = | HUF |
|---|---|---|-----|

Thank you for visiting our hospital.

20 \_\_\_\_\_ Budapest

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Physician giving the information

st.

I accept and understand the above statement and I agree with the treatment.

The expenses will be covered:

- ☐ in cash personally
- ☐ by credit card personally
- ☐ by transfer
- ☐ by check
- ☐ by my insurance company

\_\_\_\_\_  
patient