

**8. számú melléklet**

**a Térítési Díj Szabályzathoz, Érvényes TAJ kártyával nem rendelkező, magyarul nem beszélő beteg nyilatkozata (angol)**

**DISCLAIMER**

Surname: .....

First name: .....

Address: .....

*(country, settlement, poste code, number, street)*

e-mail address: .....

Date of birth: .....

Place of birth: .....

Nationality: .....

Passport number: .....

I, the undersigned certify that all the data appearing here are valid.

I received healthcare at Semmelweis University from .....  
(dd/mm/yyyy) to ..... (dd/mm/yyyy / on  
..... (dd/mm/yyyy).

I declare that I am entitled to medical treatment as an insured citizen of the European Economic Area. I understand that failing to present the document verifying my eligibility, the National Health Insurance Fund Administration requests the competent body based on my citizenship to verify that.

I declare that I am entitled to medical treatment based on my other insurance. I understand that the validity of such insurance has to be verified.

I declare that I do not possess insurance that makes me eligible to receive medical treatment; therefore I am obliged to pay the treatment fee until the **deadline indicated on the receipt**.

I understand that by not being eligible to receive medical treatment, I am obliged to pay the treatment fee **until the deadline indicated on the receipt**.

I understand that failing to pay the fee of the treatment **until the deadline indicated on the receipt** Semmelweis University is entitled to act according to official wind-up procedure.

**Fee of health care received is to be transferred to account: 11784009-22236665-00000000 (OTP Bank)**

Date: .....

.....

signature