

Please complete legibly and present supporting documents!

**DATA SHEET AND DECLARATION**  
**for persons receiving healthcare who do not have a valid TAJ card in Hungary**  
**for persons receiving healthcare**

<b>Name as stated on identity card/passport:</b>			
<b>Name at birth:</b>			
<b>ID card/passport number:</b>		Validity: .....year.....month....day	
<b>Place and date of birth:</b>	Country: City:	.....year.....month....day	
<b>Mother's name at birth:</b>			
<b>Tax identification number*:</b>	NO / YES	Number:	
<b>TAJ number*:</b>	NO / YES	number:	
<b>Permanent address:</b>	postcode, country:		City:
	Street:		House number/floor/door:
<b>Residence card number*:</b>			
<b>Exact address of your place of residence:</b>	postcode, country:		Street:
	Town:		House number/floor/door:
<b>Email address:</b>			
<b>Telephone number:</b>			
<b>Bank name, bank account number:</b>	Name:		
	IBAN:		
<b>Pensioner:</b>	YES / NO	Number:	
<b>Name and address of workplace:</b>			

I received healthcare at Semmelweis University from ..... to ..... (year, month, day).

I hereby certify that the information provided is true.

I understand that if I don't have a valid TAJ card at the time of treatment, I'm required to pay for the treatment before leaving the hospital and provide proof of payment.

Account number to which the fee for care must be transferred: OTP Bank Nyrt. 11784009-22236665-00000000

Semmelweis University will issue an invoice for the treatment in accordance with the health insurance reimbursement regulations in force at the time. I can submit this invoice to my private insurance company.

Semmelweis University, as data controller, has published a **Data Processing Notice** on its website regarding *the verification of health insurance status and the fulfilment of contribution payment obligations*, as well as *claims management*. Having read and understood this notice, I hereby declare that, in accordance with Article 4(11) of Regulation (EU) 2016/679 of the European Parliament and of the Council (GDPR) based on specific and adequate information and clearly expressed consent pursuant to Article 6(1)(c) of the GDPR to the processing of my personal data and, pursuant to Article 9(2)(a) of the GDPR, my special categories of personal data for the purposes and on the legal basis specified in this notice by the data controller.

Budapest, ..... year ..... month ..... day

.....  
Signature

of the person providing care

<b>Witness 1.</b> Name:	<b>Witness 2.</b> Name
Address:	Address:
Signature:	Signature: