

Translation from Lithuanian language

CONFIRMED
by the Director
on 16th November 2016, Order No. K4-659

PATIENT'S (PATIENT REPRESENTATIVE'S) CONSENT

I..... born on
resident/ domiciled at am familiar
with the State – guaranteed (free) personal health care provision procedure.

.....
Signature Name, surname Date

I agree to pay for the personal health care services provided, since (please choose the appropriate)

- I have no compulsory health insurance scheme covering and the service provided does not meet the emergency assistance criteria as described in the Order No. V-208 of 08.04.2004 of the Ministry of Health of the Republic of Lithuania “On medical emergency assistance and medical emergency assistance services’ procedure and dimension approval”;
- I am not a permanent Lithuania-resident, since I have declared my departure from Lithuania;
- the service is included in the list of the paid health care services approved by the Order No. 357 dated 30.07.1999 of the Ministry of Health of the Republic of Lithuania;
- preventive health check is carried out in compliance with the Order No. 301 dated 31st May 2000 of the Minister of Health of the Republic of Lithuania “On preventive health check in the Health Care Institutions”;
- I do not have the sending for a medical specialist counselling issued by the Lithuanian National Health System Body specialist and the service required does not meet the emergency assistance criteria;
- I would like to receive supplementary services (such as tests, procedures, medicines, etc.) that are not essential for the main disease diagnosis or treatment;
- I would like to receive the services in urgency matter;

I am familiar with the terms of payment. I am aware that failing to meet the financial settlement the debt can be recovered in accordance with the procedure established by Law.

.....
Signature Name, surname Date