

Cost Reimbursement Regulations

To access the relevant Regulations, please select one of the links below:

For Clients of **LUX MED Sp. z o.o.**:



For Insured Parties of **LUX MED Ubezpieczenia TUiR S.A.**:



COST REIMBURSEMENT REGULATIONS

for clients of LUX MED Sp. z o.o.

1. Definitions

- 1.1. Capitalised terms which are not separately defined in these Regulations shall have the meanings given to them in the Agreement, including in the General Terms And Conditions For The Provision of Health Services/Terms for the Provision of Health Services constituting an Appendix to the Agreement (the "OWU").
- 1.2. **Consent to reimbursement** – LUX MED's declaration of reimbursement to the eligible person.
- 1.3. **Reimbursement** – reimbursement of costs of health services provided to the eligible person by a healthcare entity on the basis of the obtained consent to reimbursement of costs incurred by or on behalf of the eligible person.
- 1.4. **Application for Reimbursement** – a paper or electronic form/document to be completed by the eligible person in order to obtain reimbursement.
- 1.5. **Regulations** – this document setting out rights and obligations of the eligible person and LUX MED in respect of reimbursement.
- 1.6. **Agreement** – an agreement for the provision of health services concluded with LUX MED under which the person applying for reimbursement is entitled to receive health services.
- 1.7. **LUX MED price list** – the price list applicable at the nearest LUX MED owned facility in relation to the facility providing the Health Service on the day of provision of the benefit, which, within its scope, provides the Health Service provided to the Eligible Person. The current price list is available at www.luxmed.pl.

2. Right to reimbursement

- 2.1. In order to be able to claim reimbursement under these Regulations, it is necessary to obtain a consent to reimbursement before receiving a health service.
- 2.2. The reimbursement is granted in accordance with the following principles:
 - a) it is granted for the provision of a health service within the scope of Health Services to which the eligible person is entitled under the Agreement and specified in the Benefit Plan/Package, as at the date of provision of the health service, taking into account the terms and conditions of service provision (including limits and the need to have appropriate referrals), as well as the exclusions arising from the Agreement and GTC and the exclusions indicated in section 7 of Regulations;
 - b) The consent to reimbursement is a one-off and timely (the turnaround time is 14 calendar days from the date of its issuance);
 - c) it relates to a specific health service provided in outpatient treatment establishments;
 - d) it is territorially limited: the health service thereunder can only be provided within the area of the city indicated in the Consent to Reimbursement;
 - e) the eligible person obtain a consent for reimbursement when contacting the Call Center, the LUX MED reception desk or a dedicated LUX MED assistant in a situation where LUX MED has exhausted all organizational possibilities to provide the health service in LUX MED own facilities or in facilities cooperating with LUX MED
 - f) Consent to reimbursement may be limited to a certain maximum amount of reimbursement.

3. Requirements for documenting costs incurred

- 3.1. After obtaining the Consent for reimbursement, acting within the scope and terms of the Consent, the eligible person shall apply to the medical facility for the provision of the health service and shall pay the costs of its provision themselves to the medical facility providing the service, in accordance with the price list applicable at the medical facility, as proof of which they shall obtain an invoice or receipt for the health service provided – fiscal receipts shall not be accepted as they do not contain the data necessary for their verification.
- 3.2. The person entitled to reimbursement should be indicated on the invoice as the purchaser of the health service, and in the case of healthcare services provided to the child up to the age of 18 – the child's actual guardian or statutory representative.
- 3.3. The invoice or receipt should include:
 - a) particulars of the eligible person who has been granted consent to the reimbursement for whom the health services have been provided (at least name, surname, address of residence). In the case of benefits provided to an eligible person who is a person under

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- 18 years of age, where the invoice is issued to the actual guardian or statutory representative, the invoice shall contain particulars of the child for whom the healthcare services were provided;
- b) a list of the health services provided to the Eligible Person claiming reimbursement, which shall constitute the body of the invoice or receipt or an attachment to the invoice or receipt in the form of a specification with the name of the health services provided;
 - c) the number of health services of a given type;
 - d) the date of performance of the health service;
 - e) the unit price of each health service provided.
- 3.4. In the case of health services for which a referral is required under the Benefit Plan/Package and the referral for the service has been issued outside LUX MED Owned Facility, accordance with the requirement under the Agreement (Benefit Plan/Package) for the facility issuing the referral, the Eligible Person shall document receipt of such referral by:
- a) (in the case of sending a request and an invoice in paper form) making a copy of it and attaching it to the request,
 - b) (if the request is sent via the Patient Portal and the invoice is in paper form) making a copy of it and attaching it to the invoice,
 - c) (in the case of sending an application and an invoice in its entirety via the Patient Portal or a dedicated email address) attaching to a scanned referral.
- 3.5. In the absence of a copy of the referral referred to in section 3.4 above, the issuance of the referral may also be confirmed by a copy of the medical documentation of the Eligible Person applying for reimbursement, containing an appropriate note on the issue of the referral mentioned above. The manner of providing a copy of medical records is analogous to the one described in section 3.4 concerning copies of referrals.
- 3.6. The reimbursement shall not be made if the Eligible Person fails to send a set of required documents or if the provided documents do not allow to identify the names of individual health services provided or do not allow to identify the person for whom they were provided, e.g.:
- a) The reimbursement shall not be made on the basis of a fiscal receipt which is not a personal evidence of the receipt of the healthcare service by the Eligible Person;
 - b) Reimbursement shall not be made on the basis of an invoice or receipt which:
 - does not include a list of health services provided or specifications,
 - does not allow for unambiguous identification of the type of health service granted to an Eligible Person applying for reimbursement of costs (for example, but not exclusively, it will only bear a general description of the service, such as “medical service”, “rehabilitation procedures”, “dental service”, etc.).

4. Possible paths for applying for reimbursement

- 4.1. LUX MED shall make available to the Eligible Person applying for reimbursement the following application paths:
- a) **in paper form** – the Eligible Person applying for reimbursement shall complete the request by placing a handwritten signature on it, attaching the original invoice and any photocopies of referrals, and sending the complete set of documents by post to the following address: LUX MED Sp. z o.o. Al. Jerozolimskie 94, 00-807 Warszawa, with a note: „COST REIMBURSEMENT/ZWROT KOSZTÓW”
 - b) **in electronic form** – the Eligible Person applying for reimbursement completes and sends a request and encloses a scan or photograph of the invoice and possible referral scans via the Patient Portal. By choosing the electronic path, the Eligible Person acknowledges and agrees that LUX MED will communicate regarding the application via email. If the Eligible Person wishes to receive correspondence in paper form, they must attach a specific statement (Form No. 2) or send a request to: zwroty.kosztow@luxmed.pl. If the Eligible Person fails to provide such an instruction, the applicable form of communication regarding the consideration of the Reimbursement Application will be correspondence via e-mail.
- 4.2. Requirements for documents (invoices or referrals) sent electronically:
- a) documents may only be sent in pdf, JPG, JPEG and PNG format;
 - b) a maximum of 5 files may be attached to one request;
 - c) the size of all documents shall not exceed 40 MB;
 - d) scan or photograph of the document must cover the whole document (no part of the document may be “cut out”);
 - e) scan or photograph of the document shall contain only an image of the invoice or referral;
 - f) the image of the document must be legible and identical to the paper version; no alteration or interference with the image of the document shall be permitted.
- 4.3. **The Eligible Person shall keep the original documents sent in the form of a scan or photograph, which form the basis for the Reimbursement, until the moment of receiving the funds from LUX MED.**
- 4.4. When submitting the request together with invoice or receipt and other documentation by electronic means, the Eligible Person represents and warrants that the sent scans or photos of documents are an exact representation of the original, that the documents sent were not modified in any way, and that this is the first and only time when the Eligible Person seeks Reimbursement based on these specific documents. LUX MED reserves the right to inspect sample documents sent electronically by obliging the Eligible Person

to send their originals. Failure to fulfill the obligation referred to above or LUX MED's declaration of falsification of the document constituting the basis for the Application for Reimbursement or interference with the submitted image of the document, shall result in refusal of the Reimbursement, and in the case of funds already paid out – in demand for their return.

- 4.5. If the scan or photograph of the submitted document raises doubts as to its legibility, authenticity or integrity, LUX MED reserves the right to request the Eligible Person applying for Reimbursement to send a re-imaged document by e-mail, and in special situations also to deliver the original document with respect to which doubts have arisen; refusal to deliver the document in the manner described above or LUX MED's declaration of falsification of the document constituting the basis for the Application for Reimbursement or interference with the image of the document sent, shall result in refusal of Reimbursement or a request for return of the amounts paid out.
- 4.6. In the event of sending a Application for Reimbursement, invoice, referral or any other documentation containing personal data to the email address indicated by LUX MED, the Eligible Person should duly secure the submitted appendices. Below are LUX MED's recommendations in this regard:
 - a) the file should be encrypted using a file compression programme: 7-Zip or WinRAR;
 - b) when creating a file, a password (cryptographic key) should be created to secure that file. The password should be at least 8 characters long, with upper and lowercase letters, digits and special characters (such as &*#@);
 - c) the password (cryptographic key) used to decrypt the file should be communicated to LUX MED through another communication channel, that is, to the telephone number provided to the Eligible Person after sending the request.

5. Settlement of reimbursement

- 5.1. In the event that the reimbursement involves the provision of health services corresponding to health services the provision of which, in accordance with the Agreement (Benefit Plan/Package) involves a percentage or amount of the Eligible Person's own contribution (e.g. additional service, discounts resulting from the Benefit Plan/Package), the reimbursement of costs shall be reduced by an appropriate amount resulting from the Eligible Person's own contribution.
- 5.2. If the health services subject to reimbursement under the Agreement (Benefit Plan/Package) are healthcare services limited e.g. in terms of the number of their performance, this limit is calculated jointly for healthcare services provided in owned facilities, subcontractor facilities and other healthcare entities, which are settled by Reimbursement. In the event that, after the Reimbursement Consent has been obtained and before the Reimbursement has been settled, the Eligible Person reaches the limit for Health Services specified in the Agreement (Benefit Plan/Package), the cost of the health service for which the limit has been reached shall not be reimbursed.
- 5.3. If the health services which are the subject of Reimbursement under the Agreement (Benefit Plan/Package) are Combined Limited Health Services (group services involving, in addition to the Eligible Person applying for Reimbursement, at least one other person e.g. psychotherapy for couples), the condition for Reimbursement for such services is that all Eligible Persons availing themselves of them are entitled to such Health Services under the Agreement (Benefit Plan/Package); in such case, the limit as to the number of their performances shall be calculated separately for each of the Eligible Persons availing themselves of such health services.
- 5.4. If the documentation or request submitted by the Eligible Person seeking reimbursement does not provide a basis for determining the amount of the costs incurred for the health service or gives rise to justified doubts as to the amount of the health service incurred, the legitimacy of its provision or the identity of the person for whom the service was provided, LUX MED has the right to make reimbursement conditional on the Eligible Person providing additional documents to remove the justified doubts or to determine the actual amount of the reimbursement. To this end, the Eligible Person claiming reimbursement shall authorise LUX MED to request the medical records of the health service provided in accordance with Form No. 1 from the healthcare unit that provided the health service or, if no such authorisation is given, the Eligible Person will be obliged to deliver a certified copy of such documentation.
- 5.5. In the event of a lack of consent for access to medical records relating to a health service or the failure to submit a certified copy of such records independently by the Eligible Person applying for Reimbursement, as referred to in section 5.4, sentence 2 above, as well as in the event of finding, on the basis of the documentation provided in the manner specified in Section 5.4, sentence 2 above, in the absence of grounds for reimbursement, LUX MED shall have the right to refuse to reimburse the costs in whole or in part, respectively, of which it shall inform the Eligible Person applying for Reimbursement in writing or by email.
- 5.6. LUX MED grants Reimbursement for Health Services in the amount indicated in the Consent to Reimbursement. If the Consent to Reimbursement does not indicate a limit amount, LUX MED grants Reimbursement in the amount equal to the price of the service in the medical entity where it was performed, but not higher than the price of that service specified in the LUX MED Price List. If the cost of the Health Service performed exceeds the price of that service in the LUX MED Price List, LUX MED may grant Reimbursement in an amount exceeding the Price List price, provided that the Eligible Person applying for Reimbursement demonstrates that the costs incurred were rational and necessary to perform the procedure and establish the diagnosis and that other requirements indicated in the Regulations were met, including that the service fell within the scope of the relevant Benefit Plan/Package.
- 5.7. If, after the Reimbursement is made, LUX MED obtains evidence that the Reimbursement was made on the basis of false information, falsified or forged invoices or receipts, or on the basis of documents enclosed with the request (e.g. invoices or receipts for health services provided to third parties), LUX MED shall have the right to claim return of the unduly paid amounts within the Reimbursement. To this end, LUX MED shall be entitled to call upon the Eligible Person applying for Reimbursement, to return the unduly obtained

Reimbursement, setting a 7-day time limit for return, with interest calculated from the date of transfer of the Reimbursement funds to the date of return thereof.

6. Payment of reimbursed costs

- 6.1. Payment of costs for reimbursed services shall be made on the basis of the Application for Reimbursement submitted by the Eligible Person with attached invoices or receipts, as well as copies of referrals sent within 3 months of the date of the health service for which the Eligible Person has obtained a Reimbursement Consent.
- 6.2. In the case of receiving incomplete or incorrectly filled request or other documentation, LUX MED will inform the Eligible Person applying for Reimbursement about the need for completion of data that are essential for making the decision and will indicate gaps in the request.
- 6.3. LUX MED shall reimburse the costs to the bank account number indicated in the request within 30 days from the date of delivery of the complete request.

7. Exclusions from reimbursement

- 7.1. Reimbursement shall not include:
 - a) the costs of healthcare services not purchased as a single service or as a subscription (medical package), but payable under the terms of the contract for a package (set) of tests or services with a lump sum fee
 - b) hospitalisation other services provided in hospital conditions requiring the Eligible Person's stay in a hospital
 - c) aesthetic medicine services, plastic surgery and cosmetology
 - d) occupational medicine, medical jurisprudence, sports medicine, driving licence examination, aeronautical medicine, etc.
 - e) health services if the request, invoice or receipt on which the reimbursement is based is sent to LUX MED more than 3 months after the date of the health service for which reimbursement has been agreed. Submission of the request shall suspend the period referred to above.
- 7.2. If the request cannot be properly processed as a result of failure to comply with the formal requirements, LUX MED shall call upon the Eligible Person applying for Reimbursement, on pain of not examining the request, to correct or supplement it within a week. If the deadline expires without effect, LUX MED will leave the request unprocessed. A letter left unanswered has none of the effects that the Regulations attach to the submission of the request. The request corrected or supplemented within the time limit shall have effect from the time it is submitted.

8. Personal data

- 8.1. The controller of personal data as part of the Reimbursement process, is LUX MED Sp. z o.o., with its registered office in Warsaw (02-678) at ul. Szturmowa 2 (hereinafter referred to as „LUX MED”), in accordance with Art. 4 sec. 7 of the Regulation of the European Parliament and of the Council (EU) 2016/679 of 27 April, 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC; hereinafter: „the Regulation”. Data of Eligible Persons (and when healthcare services covered by the Application for Reimbursement are provided to children until 18 years – also personal data of actual guardians or statutory representatives) are processed as part of the implementation of the notification and the course of the Reimbursement process.
- 8.2. In all matters related to the processing of personal data, each Eligible Person may contact the Data Protection Officer, by writing to: daneosobowe@luxmed.pl.
- 8.3. As part of the Reimbursement process, LUX MED shall process personal data of Eligible Persons in the scope of the so-called ordinary data, including, inter alia, the data necessary for correct identification of a given Eligible Person, as well as personal data of a special category – personal data relating to health. Personal data shall be processed by LUX MED within the scope resulting from the Application for Reimbursement and submitted attachments (such as invoices) and shall include, among others, name, surname, address of residence, Personal ID No (PESEL) (or date of birth in the case of persons without a Personal ID No), e-mail address, telephone number, bank account details. With regard to personal data of a special category, i.e. health data, LUX MED shall process information on healthcare services provided by the Eligible Person (list of healthcare services, date of their provision, their quantity). In the cases specified in these Regulations, LUX MED shall also process personal data indicated in relevant referrals (including data on the health condition of the Eligible Person). If it is necessary for proper performance of the Reimbursement process and for making appropriate settlements, provided that the Eligible Person granted an appropriate authorisation for LUX MED with regard to obtaining medical records, or provided such medical records via the Eligible Person to LUX MED, LUX MED may also process the Eligible Person's personal data contained in medical records produced as part of the Eligible Person's use of healthcare services indicated by the Eligible Person in the Application for Reimbursement. LUX MED may also process any additional information and data that the Eligible Person submits to LUX MED as part of the Reimbursement process.
- 8.4. Personal data of the Eligible Persons are processed in order to enable them to benefit from Reimbursement on the basis of the Eligible Persons' voluntary will and approval of these Regulations (Article 6(1)(b) of the Regulation). As part of the Reimbursement process,

LUX MED shall also process personal data on the health condition of the Eligible Person, and shall be entitled to process personal data contained in the medical documentation created as a result of the Eligible Person's use of the healthcare services indicated in the Application for Reimbursement, and the purpose of such processing is to verify the Eligible Person's use of the healthcare service and/or the correctness of the actual amount of the Reimbursement, as well as settling of the provided health services. LUX MED's obtaining of the Eligible Person's medical records from the medical entity in which the healthcare services for which the Eligible Person wishes to receive Reimbursement have been provided, must be preceded by an appropriate authorisation for LUX MED granted by the Eligible Person; alternatively, the Eligible Person may independently obtain the medical records in question and provide it to LUX MED. As a Personal Data Controller, LUX MED has the right to pursue claims for its business activity and therefore, process the data for this purpose (Article 6(1)(b) and Article 6(1)(f) of the GDPR, as the legitimate interest of the controller, which is pursuing claims and protecting rights). As an entrepreneur, LUX MED also keeps accounting books and is subject to tax obligations which may involve the necessity to process personal data (Article 6(1)(c) of the GDPR in conjunction with Article 74(2) of the Accounting Act of 29 September, 1994).

- 8.5. LUX MED attaches great importance to the protection of confidentiality and takes care of personal data of Eligible Persons. Due to the need to provide LUX MED with an appropriate organisation, inter alia, in the area of its infrastructure or current business affairs, as an entrepreneur, as well as the exercise of the rights of Eligible Persons, personal data may be transferred to the following categories of recipients:
- a) service providers supplying LUX MED with technical and organisational solutions that enable it to manage the organisation (in particular ICT service providers, courier and postal companies),
 - b) providers of legal and advisory services and services supporting LUX MED in pursuing due claims (in particular law firms, debt collection companies);
- 8.6. As LUX MED uses the services of other providers, personal data of Eligible Persons may be transferred outside the European Union. In such an event, the data shall be transferred on the basis of a relevant agreement between LUX MED and the receiving entity, containing standard data protection clauses adopted by the European Commission or on the basis of an appropriate decision of the European Commission.
- 8.7. LUX MED processes the data of the Eligible Persons for the duration of the Reimbursement process and afterwards for the period of limitation of claims, resulting from the provisions of the Civil Code. All data processed for accounting and tax purposes are processed for five years from the end of the calendar year in which the tax obligation arose. Medical documentation concerning the health services covered by the Application for Reimbursement that the Eligible Person provides to LUX MED or that LUX MED obtains from another healthcare provider on the basis of an authorisation given by the Eligible Person shall be included in the patient's medical records kept by LUX MED and shall be retained for a period of time determined by the applicable legal provisions in this respect. After the expiry of these periods, the data are deleted or anonymised.
- 8.8. The Application for Reimbursement and the provision of personal data is completely voluntary; however, failure to provide the required data may result in LUX MED being unable to complete the Reimbursement process.
- 8.9. As the data controller, LUX MED shall guarantee the Eligible Persons the right to access, rectify, request erasure or restriction of processing of the data. In addition, the Eligible Person may use the right to object to the processing of his/her personal data by LUX MED, and the right to have his/her data transferred to another data controller. If the Eligible Person wishes to exercise any of these rights, he/she LUX MED request contact with the Data Protection Officer. LUX MED also informs that each Eligible Person may file a complaint with the authority supervising the observance of personal data protection regulations.

9. Final provisions

- 9.1. The Regulations may be amended. An amendment becomes effective on the date indicated by LUX MED, not earlier than 14 days from the moment the amended Regulations are made available on www.luxmed.pl. Requests for Consent to Reimbursement submitted before the amendments enter into force are considered under the Regulations in force at the time of submission of the request.
- 9.2. These Regulations enter into force on January 1, 2026.

FORM NO 1.

Authorisation to obtain medical records

I, the undersigned:

Patient name and surname: _____

PESEL/date of birth: _____

*if the person making the statement is a person other than the patient (minor):

Name and surname: _____

PESEL/date of birth: _____

I hereby authorise LUX MED sp. z o.o. with its registered office in Warsaw (02-678) at ul. Szturmowa 2 to retrieve medical documentation concerning me/my minor child*, whose actual guardian/legal representative* I am, drawn up in the medical unit where the medical services covered by my application have been provided, in order to enable LUX MED sp. z o.o. to make correct financial settlements for the purposes of the Reimbursement procedure.

We enclose a pre-paid envelope in which to return the signed authorisation.

*underline as appropriate

Date and signature

Information on the processing of your personal data by LUX MED sp. z o.o. with its registered office in Warsaw (02-678), ul. Szturmowa 2, as their controller as part of the Reimbursement process is available in the Reimbursement Regulations.

Application for changing the method of conducting correspondence

Place and date

APPLICATION

I hereby request a change in the method of correspondence regarding to my reimbursement case from LUX MED Sp. z o.o., from electronic (means e-mail) to traditional (means written) form, sent to my correspondence address:

Name and surname: _____

Address: _____

Please take this change into account in all further correspondence regarding my reimbursement case from LUX MED Sp. z o.o.

Signature

REIMBURSEMENT APPLICATION

Please mark the basis (one of the options below) for applying for reimbursement of medical expenses:

Under contractual provisions:

- 'Freedom of Treatment' Reimbursement
- 'The Price List' Reimbursement
- 'Availability Standards' Reimbursement
- 'A Friendly Transition' Reimbursement
- 'Dental Emergency' Reimbursement

Due to:

- A complaint
- Reimbursement in the case of unavailability of a service in a given town
- An obtained consent for reimbursement of costs
- Other:

Please send the filled-in Application along with the set of necessary documents to the following address:

LUX MED Sp. z o.o.
Al. Jerozolimskie 94
00-807 Warszawa
With a note: Refundacja (Reimbursement)

ATTENTION! The reimbursement is made in up to 3 months from the date of service provision.
Please send in your documents on a current basis.

Confirmation that an attempt was made to schedule a visit at LUX MED:

Where contact was made (indicate)

- Call Centre – Phone number used for contact*: _____
- Patient Portal
- Medical facility (specify the name and address) _____

Date on which contact was made: _____

Data of the Beneficiary who used the medical service:

Surname*: _____ First Name*: _____

PESEL*: _____ Date of birth: _____

Phone: _____ Mobile phone*: _____

E-mail*: _____

Company name*: _____

Forwarding address*:

Street: _____ Postal code: _____

City/town: _____ Post office: _____

House number: _____ Apartment number _____

Authorised contact person:

(Data of parent or legal guardian – in case of reimbursement for minors below 18 years of age)

Surname: _____ Name: _____

Phone: _____ Mobile phone: _____

E-mail*: _____

Data for payment:

Bank transfer is to be made to the following account:

Bank/Branch*: _____

Owner*: _____

Account number*: _____

*obligatory field

Data on the Healthcare services performed:

1. Reimbursement is based on original VAT invoices or bill issued to a natural person (the beneficiary, and in the case of children up to 18 years – the parent or guardian) together with the specification of benefits provided, including the name of the service, the quantity and the unit price of the service. The original invoice should be attached to this Application. Reimbursement cannot be made on the basis of fiscal receipts.
2. In the table: 'Data on Healthcare services performed' please specify the names of services provided and their price. In the event the service was a medical consultation, please enter the name of medical specialisation in the table, and when the service was a test/examination, please enter the name of the test/examination performed.
3. In the case of laboratory tests, diagnostic tests and other Healthcare services, if a referral requirement results from the Agreement (Benefitplan), and the referral for that service was issued outside an Own Facility, please attach a copy of the referral to the Application.
4. In the case of dental and rehabilitation services, you are required to attach a specification of the provided services, including the unit prices, number of provided services and nomenclature.

No	Name of service	Date on which the Healthcare service was performed	Amount	Invoice number	Reimbursement amount (filled in by LUX MED)
1					
2					
3					
4					
5					

_____ date

_____ town

_____ signature

Please remember to sign the Application**Annexes:**

1. Annexes: _____ – pieces
2. Copies of referrals: _____ – pieces
3. Other: _____ – _____ pieces

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luxmed.pl

LUX MED Sp. z o.o.
 Szturmowa 2 Street, 02-678 Warsaw
 t: 22 450 50 05, 22 450 50 10 f: 22 331 85 85

District Court for the Capital City of Warsaw in Warsaw
 13th Commercial Division of the National Court Register
 KRS number: 0000265353
 Tax ID No (NIP): 527 252 30 80
 Statistical ID No (REGON): 140723603
 Share capital: PLN 676,123,500.00

COST REIMBURSEMENT REGULATIONS

for clients of LUX LUX MED Ubezpieczenia TUIR SA (hereinafter: the Regulations)

1. Definitions

Capitalised terms not separately defined in these Regulations shall have the meanings assigned to them in the Agreement, including the General Terms and Conditions of Insurance applied by LUX MED Ubezpieczenia Towarzystwo Ubezpieczeń i Reasekuracji S.A. ("GTCl").

- 1.1. **LUX MED** – LUX MED Sp. z o.o. with its registered office in Warsaw, at ul. Szturmowa 2, (02–678) Warsaw, carrying out the Cost Reimbursement process on behalf of and at the instruction of LUX MED Ubezpieczenia in accordance with the Regulations.
- 1.2. **LUX MED Ubezpieczenia** – LUX MED Ubezpieczenia Towarzystwo Ubezpieczeń i Reasekuracji S.A. with its registered office in Warsaw, at ul. Szturmowa 2, 02-678 Warsaw.
- 1.3. **Health Package** (hereinafter: the Package) – the scope of insurance cover specified in the Agreement, comprising the list and rules for the provision of Outpatient Services under the Module: Outpatient Care, which the Insured Parties may use.
- 1.4. **Patient Portal** – LUX MED's online platform available to the Insured Parties in a browser-based version at <https://portalpacjenta.luxmed.pl/> and in the form of a mobile application.
- 1.5. **Regulations** – this document specifying the rights and obligations of the Insured Party, LUX MED and LUX MED Ubezpieczenia in the Cost Reimbursement process.
- 1.6. **Outpatient Service** – an outpatient service or a co-funded outpatient service to which the Insured Party is entitled under the Module: Outpatient Care pursuant to the Agreement, falling within the scope of their Package.
- 1.7. **Insured Party** – the primary insured party or co-insured party who has acceded to the Agreement and is covered by insurance protection.
- 1.8. **Agreement** – the insurance agreement concluded with LUX MED Ubezpieczenia, which covers the Module: Outpatient Care, under which the Insured Party is entitled to access Outpatient Services.
- 1.9. **Application for Cost Reimbursement** – the form that the Applicant completes in order to obtain Cost Reimbursement.
- 1.10. **Applicant** – the person submitting the Application for Cost Reimbursement, who is either the Insured Party entitled to Cost Reimbursement or their statutory representative.
- 1.11. **Consent to Cost Reimbursement** – a declaration of Cost Reimbursement given by telephone to the Insured Party and issued by LUX MED on behalf of LUX MED Ubezpieczenia.
- 1.12. **Cost Reimbursement** – reimbursement of costs incurred by or on behalf of the Insured Party for paid health services (corresponding to the Outpatient Services to which the Insured Party is entitled) provided to the Insured Party by a healthcare entity pursuant to the Consent to Cost Reimbursement received. This reimbursement constitutes compensation for damage caused to the Insured Party due to LUX MED Ubezpieczenia's failure to meet the terms of the Agreement where there are no organisational means of providing the Insured Party with the Outpatient Service at LUX MED-owned Clinics to which they are entitled under the Agreement, within 30 days of the notification.

2. Right to Cost Reimbursement

- 2.1. In order to apply for Cost Reimbursement under the Regulations, the Insured Party shall obtain Consent to Cost Reimbursement before using the paid health service corresponding to the Outpatient Service.
- 2.2. Consent to Cost Reimbursement shall be granted in accordance with the following rules:
 - a) It shall be granted for the provision of a paid health service corresponding to the Outpatient Service to which the Insured Party is entitled under the Agreement on the date of its provision, taking into account the terms of the Agreement (including limits on Outpatient Services and the requirement to have a referral), as well as exclusions resulting from the Agreement and the GTCl, and exclusions indicated in point 7 of the Regulations.
 - b) The Consent to Cost Reimbursement is one-off and time-limited (the period for its use 14 calendar days from the date of its issuance).
 - c) It applies to a specific health service performed in healthcare entities on an outpatient basis.
 - d) It is territorially limited – the health service based on it may be performed exclusively within the area of the city indicated in the Consent to Cost Reimbursement.

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- e) The Consent shall be issued when the Insured Party contacts the LUX MED call centre, and there are no organisational means of providing the Insured Party with the Outpatient Service at LUX MED-owned Clinics to which they are entitled under the Agreement, within 30 days.
- 2.3. The cost of a paid health service documented by a specific invoice or receipt may be reimbursed only once. Where reimbursement of the amount resulting from a specific invoice or receipt has been received from LUX MED or LUX MED Ubezpieczenia on any other legal title or on any other basis, no Cost Reimbursement shall be payable under the Regulations in respect of the same invoice or receipt. Where Cost Reimbursement has been received under the Regulations on the basis of a specific invoice or receipt, no reimbursement of the amount resulting from the same invoice or receipt shall be payable by LUX MED Ubezpieczenia on any other legal title or on any other basis.

3. Requirements for documenting costs incurred

- 3.1. After obtaining Consent to Cost Reimbursement, acting in accordance with the scope and conditions of the Consent obtained, the Insured Party shall request the healthcare entity to provide the paid health service and shall independently settle the costs of its performance with the healthcare entity providing the service, in accordance with the price list applicable at that healthcare entity. As proof of the costs incurred, they shall obtain an invoice or receipt for the paid health service performed. Cash register receipts shall not be accepted, as they do not contain the data necessary for verification.
- 3.2. The Insured Party should be indicated as the purchaser on the invoice, and in the case of health services provided to a minor – the child's actual guardian or statutory representative.
- 3.3. The invoice or receipt should contain:
- Details of the Insured Party who obtained the Consent to Cost Reimbursement, to whom the paid health service was provided (at least first name, surname, residential address). In the case of services provided to a minor Insured Party, where the receipt/invoice is issued to the actual guardian or statutory representative, the Insured Party's details should be included in the content of the receipt/invoice.
 - A list of health services provided to the Insured Party for which the cost was charged, together with their names – in the content of the receipt or invoice or in the form of an attachment with a specification thereto.
 - The number of health services of a given type performed.
 - The date of provision of the health service.
 - The unit price of each health service provided.
- 3.4. In the case of health services corresponding to Outpatient Services for which, according to the terms of the Package, there is a requirement to have a referral, where the referral was issued outside a LUX MED-owned facility, a copy of the referral in paper or electronic form (scan) should be attached to the Application.
- 3.5. In the absence of a copy of the referral referred to in point 3.4, confirmation of the issuance of the referral may be a copy of the medical records of the Insured Party containing information on the issuance of the said referral. The records shall be attached to the Application in the same manner as set out for referrals in point 3.4.
- 3.6. Costs shall not be reimbursed in the event of failure to provide a complete set of required documents or where the documents provided do not identify the individual health services provided to the Insured Party or the person for whom they were performed.
- 3.7. Costs shall not be reimbursed on the basis of a receipt or invoice which:
- 3.7.1. does not contain a list of the paid health services provided or a specification,
 - 3.7.2. does not clearly identify the type of health service provided (including but not limited to: bearing only a general description of the service "medical service", "rehabilitation treatments", "dental service", etc.).

4. Available channels for submitting an application for Cost Reimbursement

- 4.1. The Cost Reimbursement process shall be carried out by LUX MED on behalf of and at the instruction of LUX MED Ubezpieczenia. The monetary benefit received by the Applicant from LUX MED constitutes satisfaction of potential or existing claims of the Insured Party against LUX MED Ubezpieczenia due to failure to meet the terms of the Agreement in connection with the provision of the Outpatient Service.
- 4.2. LUX MED Ubezpieczenia shall make the following channels for submitting the Application available to the Insured Party:
- 4.2.1. In paper form – the Insured Party shall complete the Application, placing a handwritten signature on it, shall attach the original receipt or invoice and, if necessary, photocopies of referrals or medical records, and shall send the complete set of documents by post to the address:

LUX MED Sp. z o.o.
Al. Jerozolimskie 94
00-807 Warszawa
with the note "ZWROT KOSZTÓW"

4.2.2. In electronic form – the Insured Party shall complete and send the Application, and shall attach a scan or photo of the receipt or invoice and, if necessary, scans or photos of referrals or medical records via the Patient Portal.

By choosing the electronic method of submitting the Application, the Insured Party declares consent to electronic communication from LUX MED regarding the Application being processed.

To receive correspondence by post regarding an Application submitted via the Patient Portal, the Insured Party must notify LUX MED accordingly by attaching a relevant declaration to the Application (in accordance with Form No 2) or by sending such information to LUX MED at the email address: zwroty.kosztow@luxmed.pl.

Where no such instruction is provided, communication regarding the Application shall be conducted by email.

4.3. Requirements for documents delivered in electronic form:

4.3.1. Documents shall be accepted only in PDF, JPG, JPEG, and PNG format.

4.3.2. A maximum of 5 files may be attached to one Application.

4.3.3. The total size of all attached documents shall not exceed 40 MB.

4.3.4. The entire document shall be visible on the scan or photo (no part of it may be “cut off” or obscured).

4.3.5. The scan or photo of the document shall contain only the image of the receipt/invoice, referral or medical records.

4.3.6. The image of the document must be legible and an accurate reproduction of the original. No changes to or tampering with the image of the document shall be permitted.

4.4. **The Insured Party shall retain the originals of documents sent in electronic form, constituting the basis for Cost Reimbursement, until the Cost Reimbursement is processed by LUX MED on behalf of LUX MED Ubezpieczenia.**

4.5. By submitting the Application together with the receipt or invoice and other documentation electronically, the Insured Party declares and warrants that the scans or photos of documents sent are an accurate reproduction of the original, have not been modified in any way, and that these costs have not previously been reimbursed by LUX MED or LUX MED Ubezpieczenia and that this is the sole application to LUX MED or LUX MED Ubezpieczenia for their reimbursement. LUX MED Ubezpieczenia reserves the right to conduct spot verification of documents sent electronically by requiring the Insured Party to deliver the originals thereof. Failure to comply with the above obligation or a finding by LUX MED or LUX MED Ubezpieczenia of falsification of a document serving as the basis for the Application for Cost Reimbursement or of tampering with the image of a document sent shall result in refusal of Cost Reimbursement and, where funds have already been paid out, in a demand for their repayment.

4.6. Where a scan or photo of a document sent raises concerns regarding its legibility, authenticity or integrity, LUX MED Ubezpieczenia reserves the right to request (directly or through LUX MED) that the Insured Party send a new scan or photo of the document by email and, in exceptional circumstances, also to deliver the original of the document whose image has given rise to such concerns. Refusal to deliver the document in the above manner or a finding by LUX MED Ubezpieczenia (directly or through LUX MED) of falsification of a document serving as the basis for the Application for Cost Reimbursement or of tampering with the image of a document sent shall result in refusal of Cost Reimbursement or a demand for repayment where Cost Reimbursement has already been made.

4.7. When sending the Application for Cost Reimbursement, an invoice, a referral or any other documentation containing personal data to the email address indicated in the Regulations, the Insured Party should take appropriate measures to secure the attachments before sending them. LUX MED Ubezpieczenia's recommendations in this respect are set out below:

4.7.1. The file should be encrypted using compression software, e.g. 7-zip or WinRAR.

4.7.2. When creating the file, it shall be secured with a password (encryption key). The password shall contain at least 8 characters, including uppercase and lowercase letters, digits, and special characters (e.g. & * # @).

4.7.3. The password (encryption key) to the file should be conveyed to LUX MED via a different communication channel, i.e. to the telephone number provided to the Insured Party after submitting the Application.

5. Settlement of Cost Reimbursement

5.1. Where the Application for Cost Reimbursement concerns Outpatient Services which, in accordance with the terms of the Agreement (Package), involve a percentage or fixed co-payment by the Insured Party (e.g. a partial fee for the service, discounts resulting from the Package), the Cost Reimbursement amount shall be reduced accordingly by the applicable co-payment of the Insured Party.

5.2. If Outpatient Services subject to Cost Reimbursement under the Agreement (Package) are available to the Insured Party within a limited scope, e.g. as to the number of uses, the limit shall be calculated jointly for Outpatient Services performed under the Agreement and for paid health services for which the Insured Party has obtained Cost Reimbursement. Where, after obtaining Consent to Cost Reimbursement but before the settlement of Cost Reimbursement, the Insured Party exhausts the limit for a given Outpatient Service specified in the Agreement (Package), the cost of the paid health service shall not be subject to Cost Reimbursement.

5.3. If Outpatient Services subject to Cost Reimbursement under the Agreement (Package) are combined capped Outpatient Services (group services in which, in addition to the Insured Party, at least one other person participates, e.g. couples psychotherapy, group

therapy), Cost Reimbursement for paid health services corresponding to those Outpatient Services shall be conditional upon all persons being entitled to such Outpatient Services under the Agreement (Package); in such a case, the limit on the number of uses shall be calculated separately for each of those persons.

- 5.4. Where the documentation or Application provided by the Insured Party does not provide a basis for determining the amount of costs incurred for the paid health service or raises reasonable doubts as to the amount of costs incurred for the service, the justification for the service, or the identity of the person to whom it was provided, LUX MED (acting on behalf of and at the instruction of LUX MED Ubezpieczenia) shall have the right to make Cost Reimbursement conditional upon the delivery by the Insured Party of additional documents which will resolve any reasonable doubts or establish the actual amount of Cost Reimbursement due. For this purpose, the Insured Party shall authorise LUX MED (acting on behalf of and at the instruction of LUX MED Ubezpieczenia) to apply to the healthcare entity which performed the paid health service for the disclosure of medical records to the extent necessary to verify the justification for and cost of the service covered by the Application, in accordance with Form No. 1, or, in the absence of such authorisation, the Insured Party shall independently deliver a certified copy of such records.
- 5.5. In the absence of consent to access medical records concerning the paid health service or failure by the Insured Party to independently submit a certified copy of such records, as referred to in point 5.4, as well as where the documentation delivered in the above manner reveals a lack of grounds for Cost Reimbursement, LUX MED shall have the right to refuse Cost Reimbursement to the extent that the lack of records prevents its verification, of which it shall notify the Insured Party in writing or by email.
- 5.6. If, after Cost Reimbursement has been made, LUX MED or LUX MED Ubezpieczenia obtains evidence that the Cost Reimbursement was processed on the basis of false information, falsified or altered receipts or invoices, or on the basis of documents containing false information attached to the Application (e.g. receipts or invoices for health services performed for third parties), LUX MED Ubezpieczenia shall be entitled to demand repayment of amounts unduly paid under the Cost Reimbursement. For this purpose, LUX MED or LUX MED Ubezpieczenia shall be entitled to call upon the Insured Party to repay the amount unduly obtained, requiring the Insured Party to make repayment within 7 days, together with interest accruing from the date of the Cost Reimbursement payment to the date of repayment.

6. Payment of Cost Reimbursement

- 6.1. Payment of the benefit under Cost Reimbursement shall be made pursuant to the Application for Cost Reimbursement submitted by the Applicant, together with the attached receipts or invoices and copies of referrals in respect of which the Insured Party obtained Consent to Cost Reimbursement.
- 6.2. Where an incomplete or incorrectly completed Application or documentation is received, LUX MED shall notify the Applicant within 7 days of the submission of the Application of the need to supplement the data required for making a decision and shall indicate the deficiencies in the Application.

7. Exclusions from Cost Reimbursement

- 7.1. Cost Reimbursement shall not cover:
 - 7.1.1. The costs of health services for which it is not possible to determine the unit price of individual services, as they were purchased as part of a package with other services (a medical bundle, health card, or medical subscription plan) and paid for at a flat rate.
 - 7.1.2. Services falling outside the scope of the Insured Party's Package.
 - 7.1.3. Health services where the Application, receipt, or invoice serving as the basis for Cost Reimbursement is submitted to LUX MED after the expiry of the limitation period for the Insured Party's claim for Cost Reimbursement. Filing the Application suspends the running of the time limit referred to above.
- 7.2. Where the Application cannot proceed in the normal course as a result of failure to comply with formal requirements, LUX MED shall call upon the Insured Party, failing which the Application shall be left unexamined, to correct or supplement it within 7 days of receipt of such notice. If the Insured Party fails to act within that time limit, LUX MED shall leave the Application unexamined. A submission left unexamined shall have none of the effects that the Regulations attach to the filing of the Application. An Application corrected or supplemented within the time limit shall have effect from the date of its original submission.

8. Personal data

- 8.1. The controller of personal data in the Cost Reimbursement process is LUX MED Ubezpieczenia Towarzystwo Ubezpieczeń i Reasekuracji S.A. with its registered office in Warsaw, at ul. Szturmowa 2, 02-678 Warsaw, within the meaning of Article 4(7) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC, hereinafter: the "Regulation". The personal data of Eligible Persons (and, where health services covered by the Application for Cost Reimbursement are provided to children under the age of 18, also the personal data of their actual guardians or statutory representatives) are processed in connection with handling the submission and conducting the Cost Reimbursement process.

- 8.2. In all matters relating to the processing of personal data, each Eligible Person may contact the Data Protection Officer at the following email address: daneosobowe@luxmed.pl.
- 8.3. In the Cost Reimbursement process, LUX MED Ubezpieczenia shall process the personal data of Applicants comprising both ordinary personal data, including data necessary for the correct identification of the Insured Party, and special category personal data, namely health data. Personal data shall be processed by LUX MED Ubezpieczenia as derived from the Application for Cost Reimbursement and the attachments submitted therewith (such as invoices) and shall include, among other things: first name, surname, residential address, PESEL number (Personal ID No) (or date of birth for persons without a PESEL number), email address, telephone number, and bank account details. With regard to special category personal data, specifically health data, LUX MED Ubezpieczenia shall process information concerning health services received by the Insured Party (a list of health services, the dates on which they were performed, and the number thereof). In the cases specified in these Regulations, LUX MED Ubezpieczenia shall also process personal data indicated on the relevant referrals (including data concerning the health status of the Insured Party). Where necessary for the proper conduct of the Cost Reimbursement process and for making the necessary financial settlement, and subject to the Insured Party having granted the relevant authorisation for LUX MED Ubezpieczenia to obtain medical records, or the Eligible Person having provided such medical records directly to LUX MED Ubezpieczenia, LUX MED Ubezpieczenia may also process the personal data of the Eligible Person contained in the medical records generated in the course of the Eligible Person's use of the health services which the Insured Party indicated in the Application for Cost Reimbursement. LUX MED Ubezpieczenia may also process any additional data provided by the Insured Party during the Cost Reimbursement process.
- 8.4. The personal data of the Insured Parties are processed for the purpose of enabling them to benefit from Cost Reimbursement, on the basis of the voluntary decision of the Insured Parties and their acceptance of these Regulations (Article 6(1)(b) of the Regulation). In the course of the Cost Reimbursement process, LUX MED Ubezpieczenia shall also process personal data concerning the health status of the Insured Party, including personal data contained in medical records generated in connection with the Insured Party's use of the health services indicated in the Application for Cost Reimbursement; the purpose of such processing is to verify the Insured Party's use of the health service and/or the accuracy of the actual Cost Reimbursement amount, and to carry out the financial settlement of the services rendered. For LUX MED Ubezpieczenia to obtain the Insured Party's medical records from the healthcare entity at which the health services in respect of which the Insured Party wishes to receive Cost Reimbursement were provided, the Insured Party must first grant the relevant authorisation to LUX MED Ubezpieczenia; alternatively, the Insured Party may independently obtain the relevant medical records and provide them to LUX MED Ubezpieczenia. As the controller of personal data, LUX MED Ubezpieczenia is entitled to pursue claims arising from its business activities and, consequently, to process personal data for that purpose (Article 6(1)(b) and (f) of GDPR, as the so-called legitimate interest of the controller), which consists in the pursuit of claims and the defence of rights. As a business entity, LUX MED Ubezpieczenia also maintains accounting records and is subject to tax obligations, which may entail the need to process the personal data of Applicants (Article 6(1)(c) of GDPR in conjunction with Article 74(2) of the Accounting Act of 29 September 1994).
- 8.5. LUX MED is committed to the protection of confidentiality and to safeguarding the personal data of Applicants. In order to maintain the proper operation of LUX MED Ubezpieczenia, including its IT infrastructure and day-to-day business activities, as well as for the exercise of the rights of the Insured Parties, personal data may be disclosed to the following categories of recipients:
- 8.5.1. providers of services supplying LUX MED Ubezpieczenia with technical and organisational solutions enabling the management of the organisation (particular, providers of ICT services, courier and postal companies),
- 8.5.2. providers of legal and advisory services and services supporting LUX MED Ubezpieczenia in the pursuit of due claims (in particular, law firms and debt collection agencies).
- 8.6. As LUX MED Ubezpieczenia uses the services of other providers, the personal data of Applicants may be transferred outside the European Union. In such a case, the transfer of data shall take place on the basis of an appropriate agreement between LUX MED Ubezpieczenia and the relevant entity, incorporating the standard contractual clauses adopted by the European Commission, or on the basis of an appropriate decision of the European Commission.
- 8.7. LUX MED Ubezpieczenia processes the data of Applicants for the duration of the Cost Reimbursement process and thereafter for the applicable limitation period as prescribed by the Civil Code. All data processed for accounting and tax purposes shall be retained for a period of 5 years running from the end of the calendar year in which the tax obligation arose. Medical records relating to health services covered by the Application for Cost Reimbursement, which the Applicant provides to LUX MED Ubezpieczenia or which LUX MED Ubezpieczenia obtains from another healthcare entity on the basis of the authorisation granted by the Insured Party, are appended to the patient medical records maintained by LUX MED Ubezpieczenia and retained for the period prescribed by the applicable provisions of law. Once the above retention periods have expired, the data shall be deleted or anonymised.
- 8.8. Submission of the Application for Cost Reimbursement and provision of personal data are entirely voluntary; however, failure to provide the required data may result in LUX MED Ubezpieczenia being unable to carry out the Cost Reimbursement process.
- 8.9. As the data controller, LUX MED Ubezpieczenia ensures that Applicants have the right to access their data, to rectify it, and to request its erasure or the restriction of its processing. The Applicant may also exercise the right to object to the processing of their data by LUX MED Ubezpieczenia and the right to data portability to another data controller. Should the Insured Party wish to exercise any of these rights, LUX MED Ubezpieczenia requests that they contact the Data Protection Officer. LUX MED Ubezpieczenia also informs that the Applicant has the right to lodge a complaint with the competent authority supervising compliance with data protection regulations.

9. Final provisions

- 9.1. These Regulations may be amended. An amendment to the Regulations shall take effect on the date specified by LUX MED Ubezpieczenia, provided that such date shall be no earlier than 14 days from the date on which the amended Regulations are made available at www.luxmedubezpieczenia.pl. Requests for Consent to Cost Reimbursement submitted prior to the entry into force of any amendment to the Regulations shall be governed by the Regulations in force at the time the request was submitted.
- 9.2. These Regulations enter into force on April 1, 2026.

FORM NO 1.

Authorisation to obtain medical records

I, the undersigned:

Patient's name and surname: _____

Personal ID No (PESEL)/date of birth: _____

*where the person making this declaration is a person other than the patient (a minor):

Name and surname: _____

Personal ID No (PESEL)/date of birth: _____

I hereby authorise LUX MED Ubezpieczenia TUiR S.A. with its registered office in Warsaw (02-678), ul. Szturmowa 2, as well as LUX MED Sp. z o.o. with its registered office in Warsaw (02-678), ul. Szturmowa 2, acting on behalf of LUX MED Ubezpieczenia, to obtain medical records concerning myself/the minor child* of whom I am the actual guardian / statutory representative*, prepared by the healthcare entity that provided the health services, to the extent necessary to verify the type, scope, justification, and costs of the services provided, covered by the Application for Cost Reimbursement submitted by me.

This authorisation is granted solely for the purpose of performing the insurance agreement, including the verification of medical records and financial settlement by LUX MED Ubezpieczenia TUiR S.A.

*Underline as appropriate

Date and signature

Information on the processing of your personal data by LUX MED Ubezpieczenia TUiR S.A. with its registered office in Warsaw (02-678), ul. Szturmowa 2, as the data controller, in the Cost Reimbursement process is available in the Regulations.

FORM NO 2.

Request to change the method of correspondence

Place and date

REQUEST

I hereby request a change of the method of correspondence in my Cost Reimbursement matter, handled by LUX MED Sp. z o.o. (acting at the instruction of LUX MED Ubezpieczenia TUIR S.A.), from electronic (email) to correspondence by post, to be sent to my mailing address:

Name and surname: _____

Mailing address: _____

I request that this change be applied to all future correspondence relating to my Cost Reimbursement matter.

Signature

APPLICATION FOR COST REIMBURSEMENT ON THE BASIS OF THE CONSENT TO COST REIMBURSEMENT

Please send the completed Application along with the complete set of required documents to the following address:

LUX MED Sp. z o.o.
Al. Jerozolimskie 94
00-807 Warszawa
With a note: Zwrot Kosztów

Details of the Insured Party who used the paid health service:

Surname*: _____ First name*: _____
Personal ID No (PESEL)*: _____ Date of birth: _____
Phone number: _____ Mobile phone number*: _____
E-mail*: _____
Company name*: _____
Mailing address*:
Street: _____ Postal code: _____
City/Town: _____ Post office: _____
Building No: _____ Flat No: _____

Contact person details

(parent or guardian details – where the Insured Party is a minor)

Surname: _____ First name: _____
Phone number: _____ Mobile phone number: _____
E-mail: _____

Payee details:

Bank transfer to the account*:
Bank/Branch*: _____
Account holder*: _____
Account No*: _____

*mandatory field; for the email address or telephone number, providing either one is sufficient

Details of health services performed:

1. Cost Reimbursement shall be made on the basis of original VAT invoices or receipts issued to a natural person (the Insured Party who used the paid health service, or in the case of children under the age of 18 – to the parent or guardian), together with a specification of the services performed, containing the name, number, and unit price of each service. The original invoice must be attached to this Application. **Cost Reimbursement shall not be made on the basis of cash register receipts.**

2. In the table below, please provide information on the services performed for which you are applying for Cost Reimbursement. Where the service was a medical consultation, the name of the medical speciality should be entered in the table; where the service was an examination, the name of the examination performed should be entered.
3. For laboratory tests, diagnostic examinations, and other health services, where a referral is required under the Agreement (Package) and the referral was issued by a physician from an entity other than a LUX MED-owned Facility, please attach copy of the referral to the Application.
4. For dental and rehabilitation services, a specification of the services performed shall be attached, including the names, number, and unit prices of the services performed.
5. By submitting this Application, the Applicant declares that the amounts resulting from the invoices or receipts listed below have not previously been reimbursed by LUX MED or LUX MED Ubezpieczenia and that this is the sole application to LUX MED or LUX MED Ubezpieczenia for their reimbursement.

Item.	Service name	Date of performance of the service	Amount	Invoice No	Reimbursement amount (to be completed by LUX MED)
1					
2					
3					
4					
5					

Date

City/town

Signature

Please remember to sign the Application.

Attachments:

1. Invoices: _____ Number of items
2. Copies of referrals: _____ Number of items
3. Other: _____ Number of items