

(Form for requesting mediation regarding the issuance of a document confirming the right to receive healthcare reimbursed by the Compulsory Health Insurance Fund in Lithuania)

**REQUEST FOR MEDIATION REGARDING THE ISSUANCE OF A DOCUMENT
CONFIRMING THE RIGHT TO RECEIVE HEALTHCARE REIMBURSED BY THE
COMPULSORY HEALTH INSURANCE FUND IN LITHUANIA**

To the National Health insurance Fund under the Ministry of Health

(Date of application)

1. I APPLY for mediation regarding the issuance of a document confirming the right to receive healthcare reimbursed by the Compulsory Health Insurance Fund in Lithuania (select the correct option):

- for me personally,
- for my family member.

2. The preferred period of validity of the document is from _____ **to** _____.

3. European Union (hereinafter – EU) Member State where the competent institution is located: _____.

4. Name of the competent institution in the EU Member State responsible for issuing the document: _____.

5. Social security status of the applicant in the EU Member State (select the correct option):

5.1	Insured person	<input type="checkbox"/>
5.2	Family member of the insured person	<input type="checkbox"/>
5.3	Pensioner	<input type="checkbox"/>
5.4	Family member of a pensioner	<input type="checkbox"/>
5.5	Pension claimant	<input type="checkbox"/>
5.6	Family member of the pension claimant	<input type="checkbox"/>

6. Data of the person:

6.1	Name(s)	
6.2	Surname(s)	
6.3	Gender	
6.4	Data of birth	
6.5	Personal identification number in the Republic of Lithuania	
6.6	Personal identification number in the EU Member State where the person is insured with social security	
6.7	Other information that allows the competent institution in the EU Member	

	State to identify the person (e.g., social security number or No of European Health Insurance Card issued in the competent EU member state)	
6.8	Personal address in the Republic of Lithuania	
6.9	E-mail	
6.10	Telephone	

7. Data of the family member (if mediation is requested regarding the issuance of a document to a family member):

7.1	Name(s)	
7.2	Surname(s)	
7.3	Gender	
7.4	Date of birth	
7.5	Personal identification number in the Republic of Lithuania	
7.6	Personal identification number in the EU Member State where the person is insured with social security	
7.7	Other information that allows the competent institution in the EU Member State to identify the person (e.g., social security number or No of European Health Insurance Card issued in the competent EU member state)	

8. I would like to receive an answer about the result (select one option of your choice):

- by indicated postal address;
 by indicated email address;

ENCLOSED (indicate the number of pages of the attached document): _____ .

I HAVE BEEN INFORMED that:

- The data I have provided will only be used for the purposes of issuing/terminating my entitlement to benefits in the EU Member State of residence.
- Information on the procedure for implementing the rights of data subjects in the National Health Insurance Fund under the Ministry of Health is available on the website www.ligoniukasa.lrv.lt;
- In accordance with the Order of the Minister of Social Security and Labour of the Republic of Lithuania and the Minister of Health of the Republic of Lithuania of 28 July 2010 No A1-376/V-676 “Regarding the designation of the institutions responsible for the implementation of the regulations on the coordination of the social security systems of the European Union”, the National Health Insurance Fund under the Ministry of Health has the right to apply to the relevant institutions for the missing information necessary for the implementation of the provisions of the regulations on the coordination of social security systems.

(Signature, name and surname of the person applying for the mediation)

