

**CHOICE DECLARATION OF HEALTH CARE PROVIDER
PROVIDING PRIMARY CARE AND A PRIMARY
HEALTHCARE DOCTOR
(GP-GENERAL PRACTITIONER) SERVICE**



| I. DATA CONCERNING THE BENEFIT RECIPIENT | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----------------------|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|
| 1. Name | | | | 2. Second Name | | | | | 3. Surname | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 4. Date of birth | | | | 5. Sex | | 6. PESEL number, if assigned or ID card | | | | | | | | | | | | | |
| Day – month –year -- -- -- | | | | M/F | | | | | | | | | | | | | | | |
| 7. Address | | | | | | | | | | | | | | | | | | | |
| Street | | | | | | House / Apartment number | | | | Zip Code and City | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 8. Telephone number | | | | | | | | | | | | | | | | | | | |
| 9. Place of learning - for Students | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 10. The insured's card number¹⁾ | | | | | | | | | | 11. Code of the Provincial National Health Fund | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| <p>.....</p> <p>(date) (patient's signature / legal guardian)</p> | | | | | | | | | | | | | | | | | | | |

II. DATA CONCERNING THE PROVIDER

Based on Article. 28 sec. 1 of the Act of 27 August 2004 on Health Care Services financed from Public Funds,
I declare the choice:

.....
(data on the provider– name (company), address and place of providing benefits)
.....
.....

This year – your choose:²⁾

first time second time third time forth time

.....
(date)

.....
(patient's signature / legal guardian)

III. DATA ON THE PRIMARY HEALTH CARE DOCTOR

Based on Article. 28 sec. 1 of the Act of 27 August 2004 on Health Care Services financed from Public Funds,
I declare the choice:³⁾

.....
(name and surname Doctor - Primary Health Care)
.....

This year – your choose:²⁾

first time second time third time forth time

.....
(date)

.....
(patient's signature / legal guardian)

.....
(signature of the person accepting the declaration of choice)

Explanations:

- ¹⁾ If the recipient has been issued a health insurance card, and in the case of persons entitled under the provisions on coordination - the number of the certificate confirming the right to healthcare services under health insurance in the territory of the Republic of Poland.
- ²⁾ The beneficiary has the right to choose a healthcare provider, Doctor, Nurse and Midwife of Primary Care free of charge no more than three times in a calendar year, and for each subsequent change, he/she will pay a fee in the amount of PLN 80. The recipient does not pay the fee if he changes his/her place of residence or in the event of discontinuation of the provision of healthcare services by a selected healthcare provider, Doctor, Nurse or Midwife of Primary Health Care at the selected healthcare provider or for other reasons arising on the side of the healthcare provider (Article 28 (1c and 1d of the Act of 27 August 2004 on health benefits) Publicly funded Health Care).
- ³⁾ The recipient may choose a Doctor, Nurse or Midwife of Primary Health Care for the same service provider, for different service providers or who are service providers (Article 28 (1b) of the Act of 27 August 2004 on Health Care Services financed from Public Funds).