Kooperativa
VIENNA INSURANCE GROUP

Send the completed form including attachments to Kooperativa pojišťovna, a.s., Vienna Insurance Group Customer support centre, Brněnská 634, 664 42 Modřice

Delivery time stamp

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L8064 Doctor's report - sick leave / hospital stay

Doctor's Report

Information for doctor

The fee for completing this report will be paid by the insured (the beneficiary).

IT IS ALWAYS NECESSARY TO FILL IN THE REASON FOR THE SICK LEAVE OR HOSPITAL STAY.

Please fill in all details legibly. If there is insufficient space for the required information in the pre-printed boxes, please provide it on a separate sheet and attach it to this report.

[1] For foreigners, the date of is entered in the form YYMMDD/9999.
[2] For self-employed persons who are not payers of health insurance, indicate how long the sick leave would have lasted if the selfemployed person had been a payer of health insurance and was entitled to have the form „Decision on sick leave" issued to him.
[3] In case of multiple diagnoses, fill in separately for each diagnosis.
[4] cross out what doesn´t fit

Doctor confirms that insured

Social security number[1]	Last name	First name	Degree

was ☐ on sick leave ☐ hospitalized

Enquiries regarding sick leave and hospital stay - ALWAYS FILL IN

When was the insured first diagnosed with the disease? State date, name and address of health care provider and name of the doctor.

In case of an injury, state the date of the accident.

When was the insured's first medical treatment? State date, name and address of the health care provider and name of the doctor.

In case of a disease, state when the first symptoms recorded in the insured's medical records (month, year), which were related to the current disease, appeared and what were the symptoms (describe chronologically).

Date of indication for potentional (possible) surgery.

SICK LEAVE[2]

Beginning of the sick leave	If sick leave still lasts, state the date on which it lasts.	The end of the sick leave, if it ended

Cause of the sick leave (description of disease or injury)	Diagnosis code according to ICD-10[3]	Treatment of disease or injury from - to (still continues/completed)[4]

Was „Decision on Sick leave" issued? ☐ Yes ☐ No

If it wasn't issued, choose the reason why:
☐ Insured didn't request ☐ Self-employed person who is not payer of health insurance ☐ Unemployed ☐ Other reason .....

Did the insured continue treatment in a rehabilitation institute, sanatorium or health resort (spa) within 1 year of the end of the sick leave?

List the insured person's previous sick leaves in the last 7 years (including the ICD-10 diagnosis code)

HOSPITAL STAY

Beginning of hospital stay	If not released, state the date on which stay lasts.	Date of release, if the stay ended
Beginning of stay in other health care facility	If not released, state the date on which stay lasts.	Date of release, if the stay ended

Name of hospital or other health care facility in which the insured stayed.

Reason for the admission to hospital or other health care facility - state diagnosis (czech)	Diagnosis code according to ICD-10

Was the stay in hospital interrupted (e.g. over the weekend)? ☐ Yes ☐ No	If yes, for how many days
Is this a recurrent hospital stay due to the same diagnosis? ☐ Yes ☐ No	If yes, state the dates of previous hospital stay from - to

In the case of a hospital stay of a minor accompanied by an adult, state the length of stay of the accompanying person in hospital and attach a certificate from the hospital.

Beginnning of accompanying person's stay	End of accompanying person's stay

Attach copies of relevant medical reports from the insured's medical records to the information stated above.

Name of the health care provider or name of the doctor

Street (place), house number	Municipality - delivery post	Postal code

Date	
2 0	Doctor's stamp and signature

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