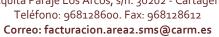


SERVICIO DE FACTURACIÓN A TERCEROS ÁREA SALUD II

HOSPITAL GENERAL UNIVERSITARIO SANTA LUCÍA C/ Mezquita Paraje Los Arcos, s/n. 30202 - Cartagena (Murcia)





DECLARATION/COMMITMENT OF PAYMENT (in case of not accrediting the right to assistance)

DATA OF T	ПЕ РА	IEINI									
Name and s	urname	!								NHC	
DNI/NIE/Pas	sport	port Date of birth									
Nationality	Telephone										
Type of finar	Type of financing										
Company											
Email											
Address											
Date and time of request or assistance											
DETAILS OF THE REPRESENTATIVE/TUTOR											
Name and s	urname	!									
DNI/NIE			Telf				En	nail			
Address											
DATA TO B	E CON	IPLETED II	N CASE	OF A TRA	AFFIC A	ACCIDEI	NT				
Accident dat	e				Crash	site					
The injured person is: ☐ Driver ☐ Occupant ☐ Pedestrian ☐ Cyclist ☐ Others (check the appropriate)											
Name and surname of other injured:											
DETAILS OF THE VEHICLE WHERE YOU WERE TRAVELING OR THAT HIT YOU											
Car license p				Brand					odel		
Insurance co	1			l		Nº polic	су	ı			
Driver		L					Tele	phone			
Address						L				l	
Insured		Telephone									
Address											
DATA OF THE OPPOSING VEHICLE:											
Car license p	late			Brand				М	odel		
Insurance company				•	Nº polic	Су	•		•		
Driver		•				Telepho	one				
Address	•										
Insured		Telephone									
OBSERVATIONS:											



SERVICIO DE FACTURACIÓN A TERCEROS ÁREA SALUD II

HOSPITAL GENERAL UNIVERSITARIO SANTA LUCÍA C/ Mezquita Paraje Los Arcos, s/n. 30202 - Cartagena (Murcia) Teléfono: 968128600. Fax: 968128612

Correo: facturacion.area2.sms@carm.es



Declares

- That, on the indicated date, he requests or has received health care at this Center.
- ❖ That if you have not proven your right to receive Health Care in the National Health System, you are informed that you must submit the relevant supporting documentation.
- ❖ In the event of requesting assistance as a private individual, you agree to assume the expenses generated by the assistance received.

According to art. 73 of Law 39/2015, of October 1, on the Common Administrative Procedure of Public Administrations, must send the documentation within 10 days, from the day following the notification, to the Servicio de Facturación a Terceros del Área de Salud II. If it is not received, the invoice may be issued to the patient or their representatives, and they must take charge of the expenses generated by the assistance.

And for the re	ecord and to have t	the appropriate effects,	sign
9	Sign:		

TREATMENT OF PERSONAL DATA.

The person in charge of the treatment of the personal data indicated in this form is the Managing Director of the Murcian Health Service, with address C/ Central nº 7. Edificio Habitamia I. 30100-Espinardo (Murcia) and you can contact the Delegate if necessary. of Data Protection in the email dpd-sms@carm.es.

The necessary treatments, covered by compliance with the regulations, are the communications, transfers of data necessary for the determination, processing, notification and collection of the acts of liquidation of public prices, by virtue of the provisions of article 83 of Law 14 /1986 General Health of April 25 and the Order of February 2, 2023 of the Ministry of Economy, Finance, European Funds and Digital Administration, by which the rates of applicable public fees and prices are published.

The recipients of assignments or transfers may be judicial bodies, other bodies of the Autonomous Community of the Region of Murcia, other bodies of the State Administration, mutual societies, assistance companies and insurance companies (if they belong to them). As the owner of your personal data, you can exercise before the person responsible for data processing the rights of access, rectification, deletion, opposition and limitation of treatment. These rights may be exercised through the model forms that are available at the User Service. Likewise, they can file a claim with the competent Data Protection Control Authority, especially when they have not obtained satisfaction in the exercise of their rights.

All this in application of current regulations: Regulation (EU) 2016/679 of the European Parliament and of the Council of April 27, 2016 regarding the protection of natural persons with regard to the processing of personal data and the free movement of these, and Organic Law 3/2018, of December 5, Protection of Personal Data and guarantee of digital rights.



SERVICIO DE FACTURACIÓN A TERCEROS ÁREA SALUD II

HOSPITAL GENERAL UNIVERSITARIO SANTA LUCÍA C/ Mezquita Paraje Los Arcos, s/n. 30202 - Cartagena (Murcia)

Servicio Murciano Teléfono: 968128600. Fax: 968128612 Correo: facturacion.area2.sms@carm.es

DOCUMENTATION TO PRESENT	(depending on the case):
☐ Work accident.	
	dent report issued by the Mutual Company. You must notify d said report (with or without sick leave) to the Accident
Company Name:	Mutual Company:
If there are witnesses:	
Name:	Telephone:
☐ Traffic accident.	
Statement of liability in case of	stolen/uninsured vehicle.
☐ School accident.	
Copy of the accident report issu	red by the private/subsidised school
Name of the Private/Concerted	school:
☐ Sports accident.	
Copy of the federated card and	accident report issued by the club or sports mutual.
☐ Mutual members (ISFAS, MU	JFACE), private companies and non-EU foreigners.
You must notify the health care payment commitment issued by	within 24 hours to your company. You must provide a y it within a period of 10 days.
☐ Foreign individuals from the	Community or with an international agreement.
They will present a European He expired.	ealth Card, S1, S2 or an equivalent document that has not
If so, you must request and sen	d us a Substitute Provisional Certificate.
☐ Aggressions	
If you are going to file a compla	int, fill in:
Number of proceedings opened	l in court:
Court No.:	Location:
☐ Mandatory insurance	
If there is compulsory insurance possible and request a commitmen	e, you must notify your company of assistance as soon as nt to pay, which you must send.

According to art. 73 of Law 39/2015, of October 1, on the Common Administrative Procedure of Public Administrations, must send the documentation within 10 days, from the day following the notification, to the Servicio de Facturación a Terceros del Área de Salud II, through the email facturacion.area2.sms@carm.es or in person in block 3, 2nd floor, of the Hospital General Universitario Santa Lucía.