

ASSISTANCE CENTER:  
\_\_\_\_\_

<p><b>¿ACTIVADO EMERGENCIAS 112?</b>  <b>Señalar "X" Servicio Público utilizado:</b></p>		
<input type="checkbox"/> UME	<input type="checkbox"/> SVB	<input type="checkbox"/> HELICÓPTERO
<input type="checkbox"/> AMBUL.PAC	<input type="checkbox"/> AMBUL.CONVENC	

**DATA COLLECTION BY THIRD PARTY.**

1. PERSONAL DATA (In this case, replace with Identification Label)			
NAME AND SURNAME		NATIONAL IDENTIFICATION NUMBER	
ADDRESS			
CITY/TOWN	PROVINCE	POSTAL CODE	
			DATE OF HEALTHCARE
EMAIL REQUIRED		TELEPHONE NUMBERS	

2. PRIVATE ASSISTANCE	
<input type="checkbox"/> MUTUALIST/PRIVATE OPTION (Specify COMPANY): <input type="checkbox"/> MUFACE <input type="checkbox"/> JSFAS <input type="checkbox"/> MUGEJU	(Submit AUTHORIZATION or PAYMENT COMMITMENT from the company)
<input type="checkbox"/> INTERNATIONAL AGREEMENTS (Copy of the European Health Insurance Card or form that entitles you to assistance (not expired) and photocopy of NIE or Passport)	<input type="checkbox"/> INMATES IN PENITENTIARY INSTITUTIONS
<input type="checkbox"/> WITHOUT INSURANCE/PRIVATE	<input type="checkbox"/> PATIENTS WITH SOCIAL SECURITY REFERRED FROM PRIVATE HEALTH CENTERS

3. HEALTHCARE IN CASE OF ACCIDENT	
DATA OF THE ACCIDENT (date, time and place) / / : .....	
<input type="checkbox"/> <b>WORK ACCIDENT</b> Commuting (in itinere) YES NO (Copy of the accident report, with which your company informs the occupational mutual insurance company. Inform your company of the accident and ask them to send us the accident report or monthly list of accidents without sick leave). Company: ..... Phone: ..... Accident Insurance company: .....	
<input type="checkbox"/> <b>SPORTS ACCIDENT</b> (Copy of the accident report with the insurance policy number issued by the club or coach and the federation license. Inform your club that you have received assistance and send us a copy of the accident report issued). * <b>FEDERATED SPORTS</b> Federación: ..... Insurance Company: ..... Phone: .....	
<input type="checkbox"/> <b>HUNTING ACCIDENT</b> (Copy of federation license and insurance policy number. Inform your federation that you have received healthcare and send us a copy of the federation license. If applicable, send a copy of the accident report).	
<input type="checkbox"/> <b>SCHOOL ACCIDENT</b> (Copy of the Accident Report issued by the school with the insurance policy number and file or incident number. Inform your school that you have received healthcare and ask your school to send a copy of the accident report). * <b>WITH PRIVATE INSURANCE</b> School: ..... City: ..... Phone: .....	
<input type="checkbox"/> <b>OTHER ACCIDENTS</b> (Copy of the responsible insurance. Inform that you have received healthcare and ask the responsible insurance to provide you with the authorization number, accident reference or copy of the accident report). * <b>INDICATE TYPE</b> Entity, Organization or Center: ..... Insurance: ..... Reference: .....	

4. CONTACT INFORMATION ECONOMIC INCOME MANAGEMENT UNIT	
NAME OF THE HOSPITAL CENTRE Gerencia del Área de Salud de Cáceres - Departamento de Cargos a Terceros	
ADDRESS C/ San Pedro de Alcántara, 3 - 10001 Cáceres	PHONE 927 25 61 71
EMAIL cargos.caceres@salud-juntaex.es	WEB areasaludcaceres.es

5. RESPONSIBLE DECLARATION	
I declare under my responsibility that the data reflected in this document and in the documentation accompanying it are true and, for the record where appropriate, I sign this declaration.	
In .....	on ..... of .....
Signed:	
Name and Last Name	
National Identification Document	Relationship with patient
Espacio para firma digital (opcional) Descargar el documento antes de firmar	

This form, along with the requested information and documents, must be submitted **within a maximum of 10 business days to the THIRD-PARTY CHARGES DEPARTMENT** of this healthcare center or **by email**, according to the information provided in this document. We are also available to answer any questions you may have.

We inform you that if the care received at this center is covered by a third party obligated to pay, the **Extremadura Health Service** is required to claim the corresponding financial responsibility for the healthcare costs required for your care, in accordance with current regulations.

If the established period elapses without receiving any response from the alleged third party obligated to pay, **it will be understood that you accept payment of the invoice, which will be issued in your name** (Art. 2.1b, Decree 20/2018, of February 14).

**\*Patients with Social Security coverage REFERRED** from Private Healthcare Centers because they have chosen to be treated at the private facility: must attach a copy of the REFERRAL REPORT from the Private Center to this form.

**\*Federated Sports Accidents:** If you require subsequent medical assistance, please contact your insurance provider's healthcare services.

**\*Other Accidents: Mandatory Travel Insurance (SOV)**, accidents involving animals, bullfighting events, public events, accidental incidents in public places, establishments...

*Your personal data will be processed by the Extremadura Health Service (Q0600413I) for the purpose of managing files related to insurance companies, mutual funds, or other entities, including the DG Tráfico where applicable, as well as for the billing and administrative management of the healthcare provided. The legal basis for this processing is the legal obligation and the public interest in the administrative and healthcare management of the service. Your personal data may be communicated to the third parties indicated above based on legal obligations or because it is necessary for the provision of the aforementioned healthcare and administrative service. For more information on the processing or to exercise your data protection rights, please contact the Third Party Charges Department of the corresponding Health Area Management at the address indicated in point 4. CONTACT DETAILS OF THE ECONOMIC INCOME MANAGEMENT UNIT or by email at DPD-RGPD@salud-juntaex.es.*

#### APPLICABLE REGULATIONS

- Royal Decree 1030/2006, of September 15 (Official State Gazette No. 222, of September 16, 2006), which regulates the portfolio of common services of the National Health System (ANNEX IX "Healthcare for which the amount must be claimed from third parties obliged to pay").
- General Health Law 14/1986, of April 25, 1986.
- Law 18/2001, of December 14 (Official State Gazette, December 27, 2001), on fees and public prices of the Autonomous Community of Extremadura.
- Decree 20/2018, of February 14 (Official State Gazette No. 35, of February 19, 2018), which establishes and regulates the public prices for the health services of the Extremadura Health Service.
- CIVIL LIABILITY: Articles 1902, 1903, and 1905 of the Civil Code.
- Law 39/2015, of October 1, on the Common Administrative Procedure (Official State Gazette No. 236, of October 2).
- REGULATION (EU) 2016/679 and ORGANIC LAW 3/2018, of December 5: Personal data will be incorporated into automated files for the purpose of managing files with insurance companies, mutual insurance companies, and the General Directorate of Traffic. If you wish, you may exercise your right to file a complaint with a control unit, as well as exercise the rights of access, rectification, erasure, objection, portability, and restriction of processing provided for in the regulation. To exercise these rights, you may write to the Health Department Manager for the corresponding area.