

Procedure for issuance of alignments and guarantee letters

Before receipt of the service, i.e. 5 working days in advance, in the paid hospital, including the paid daily hospital, sanatorium, a written approval of the insurer is required about payment of the service - a guarantee letter.

The following shall be required for preparation of the guarantee letter and alignment of the service:

1. A referral of the treating doctor. ▶ **IMPORTANT!**

The referral shall mandatorily contain the following information:

- 1.1. Name and/or contact information of the institution where the patient is referred to.
- 1.2. Name, surname, personal identity number, address of the patient
- 1.3. Place of work, occupation of the patient
- 1.4. On which date the hospital is planned
(Including daily hospital, inpatient rehabilitation)
- 1.5. Full diagnosis. ▶ **IMPORTANT!**
- 1.6. Confounding disease and complications, if any.
- 1.7. A short medical history.
- 1.8. Diagnostic tests received for the purpose of diagnostics of the disease.
- 1.9. Treatment used for disease.
- 1.10. Medical instructions, stating that the patient needs operative therapy.
- 1.11. Person, who issues the referral.
- 1.12. Date, when the referral is completed.

Insured person is coresponsible for correct completion of the referral. The referral may be in the form O27/u or any other equivalent form.

If a vein surgery is required, then severity of illness should be specified with full diagnosis. The patient is coresponsible for specification of precise diagnosis.

2. Approximate costs or costestimate of necessary hospital services, including daily hospital, inpatient rehabilitation.

3. If the policy states that paid births also require a guarantee letter or approval from the insurer, then the maternity contract should be presented to the insurer.

In cases, when the contract is not concluded, a written submission of the person (including fax, email) on the needs of the guarantee letter, shall be required.

- All the abovementioned documents should be submitted at least 5 working days in advance by sending to the Insurer to the email: veselib@compensa.lv. The documents could be submitted by any person (including also medical treatment institution).
- If the abovementioned documents are not correctly completed, the insurer shall be entitled to request from the insured person for additional information or not issue the alignment or guarantee letter.
- In case of failure to issue the alignment or guarantee, the insured person shall settle accounts for the received services of the hospital (including daily hospital, inpatient rehabilitation) from personal funds and shall apply for payment of indemnity to the insurer, in accordance with the terms and conditions of the policy.
- The insurer shall pay the indemnity for the received services of the hospital (including daily hospital, inpatient rehabilitation), in accordance with the provisions of the policy of the insured person.