

Welcome to our Hospital

If you are a foreign citizen from a **European union**-country, **you need to show a European health insurance card** to get a reduced fee.

Without a European health insurance card, you must pay the full cost.

Please fill out what is stated below. **WRITE CLEARLY!**

*Date of birth _____

*Last name: _____

*First name: _____

*Street address (in your home country) _____

*Zip/post code: _____

*City/Town: _____

*Country: _____

*Phone number: _____

*Email: _____

Contact person: _____ Phone number: _____

Temporary address in Sweden:

*c/o name: _____

*Street address: _____

*Zip/post code: _____

*City/Town: _____

* Important information

Datum: _____

Referens: _____

(Send a copy to fb.ekonomiservice.sundsvall)