PATIKA EGÉSZSÉGPÉNZTÁR
...az Igazi

DECLARATION

FOR AN INVOICE SUBMITTED FOR SETTLEMENT

H-1022 Budapest, Bimbó út 18.
ugyfelszolgalat@patikapenztar.hu
www.patikapenztar.hu
Phone number: +36-1-210-9790
Bank account number: 10700024-02400406-51100005

PEP2022/09/T/03

!The declaration should be sent by post to H-1535 Budapest, Pf.: 861 or send it to egyeniszamla@patikapenztar.hu with AVDH (Identification Based Document Authentication) authentication.

Member's name: ……..…….

Card number: ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊ **Tax identification number:** ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊

Phone number: +36 ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊ **E-mail**: .....

☐ By providing my contact details, I consent to the Fund registering my telephone number and e-mail address, processing them for providing information relating to my membership, and sending me newsletters to the e-mail address provided. This consent is given voluntarily and may be withdrawn at any time in writing.

☐ By providing my contact details, I agree to be contacted by the Fund at my telephone number and/or e-mail address for direct marketing purposes. This consent is given voluntarily and may be withdrawn at any time in writing.

After settlement of the attached ..... invoice(s), please pay their amount to the following account number:

Account number ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊ - ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊ - ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊

☐ I confirm that the above bank account number is valid for all future invoice submissions until revoked. *(Mark with an x if you wish to validate this so that you can settle invoices without the need for any further statement)*

I acknowledge that the Fund will only take into account invoices issued in the year under review or the previous year, provided that the necessary coverage is available in the health fund account. You can top up your health account by credit card at www.patikapenztar.hu.

If the submitted invoice includes a taxable service, I make the statement as follows *(Mark the appropriate box with an x)*

☐ I do not request payment of the invoice amount or the invoice items that include services subject to personal income tax.

☐ I request the payment of the amount of services subject to personal income tax, and I acknowledge that I, as a private individual, am liable for the corresponding personal income tax (15%). (Section 28 (1) of the Income Tax Act)

☐ I declare that the above statement in relation to taxable services is valid for all future invoices submitted until revoked. *(Mark with an x if you want to validate this statement)*

STATEMENT

1. By submitting the invoice(s)/receipt(s) to the Fund, I certify the purchase of the product/service indicated on the invoice. Each document sent to the Fund shall identify the issuer of the invoice and the invoice identifier in a verifiable manner.
2. I am the person indicated in the buyer field as a member of the Fund or as a beneficiary entitled to the service in the Fund's register.
3. In the case of an electronically submitted invoice, I expressly declare that the invoice image sent by e-mail is attached by me and is identical in all respects to the original, duly issued invoice in my possession. I also acknowledge that the original of the invoice submitted for settlement must be kept for 8 years and will be made available within 8 days if requested by the Fund.
4. I have read the Privacy Policy on the Fund's website and I acknowledge the contents thereof.

Dated: ....., ... day ..... month ..... year

.....
Member's signature

ATTENTION!

1. The attached invoice must indicate the following in the buyer field: Buyer: Patika Egészségpénztár, Address: H-1022 Budapest, Bimbó út 18., tax number: 18238949-1-41, and the name of the Member using the service, or the name of the Beneficiary, who is also listed in the register of the Fund, entitled to the service and named by the Member, and the 16-digit card number or 8-digit member ID of the Beneficiary. The Fund will refuse to settle any invoice that does not comply with the formalities.
2. If the user of the service and/or the co-cardholder indicated on the invoice is not registered as a service recipient at the Fund, please fill in the service eligibility registration form.
3. The products and services included in the submitted invoice will be accounted for in accordance with the provisions of Act XCVI of 1993 on Voluntary Mutual Insurance Funds.