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                    Ime (očevo ime) prezime

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                                   Adresa

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                  Telefon

**CENTAR ZA SOCIJALNI RAD**

                                                                                                                   ČITLUK

**PREDMET**: Zahtjev za ostvarivanje prava na zdravstveno osiguranje žena za vrijeme trudnoće, a najdulje 40 dana nakon poroda

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Potrebna je sljedeća dokumentacija (original ili ovjerena kopija):

1)      Zahtjev ( za maloljetnice zahtjev podnosi staratelj),

2)      Uvjerenje o prebivalištu podnositelja zahtjeva izdano od strane mjerodavne CIPS-ove službe ne starije od tri mjeseca,

3)      Uvjerenje o državljanstvu,

4)      Nalaz i mišljenje liječnika specijaliste ginekologa koji vodi trudnoću,

5)      Potvrda područnog ureda Zavoda zdravstvenog osiguranja HNŽ-e da osoba nije zdravstveno osigurana po drugom temelju,

6)      Izjava podnositelja zahtjeva, ovjerena od nadležnog tijela da nema osiguranje po drugom temelju u drugoj županiji, entitetu ili kod druge države,

U Čitluku, \_\_\_\_\_\_\_\_\_\_\_\_\_ godine                                                       Podnositelj zahtjeva

                                                                                                                    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                                                            Broj osobne iskaznice:\_\_\_\_\_\_\_\_\_\_