



Acknowledging of the debt

verze č. 3, str. 1/1

First name and surname	Date of birth	Passport Nr.
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Domicile	Nationality
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A. The date of the health care in an outdoor department _____

The price of the service (in Czech crowns) CZK _____

B. The date of the health care in an indoor department from _____ to _____

The price of the service (in Czech crowns) CZK _____

The account was prepared by:
(The signature of the physician,
the stamp of the hospital department) _____

Proclamation

I acknowledge with my signature, that I accepted a medical treatment in the University Hospital in Olomouc, department of _____

I accepted the account for the given treatment. For this medical treatment, inclusively the other services, after the subtraction of the deposit I owe to the University Hospital the amount

_____ CZK,

which I did not pay yet.

I acknowledge my this debt and I agree with the way of accounting and with the mentioned amount of the debt and I proclaim, that this debt I will pay in 14 days after leaving the University Hospital.

Signature _____ In Olomouc, on the day _____