

APPROVED BY  
Order No \_\_\_\_\_ of 08 September 2020 by  
Director General of Public institution Kaunas  
Hospital of Lithuanian University of Health  
Sciences

**PUBLIC INSTITUTION KAUNAS HOSPITAL OF LITHUANIAN UNIVERSITY OF HEALTH SCIENCES  
PATIENT'S CONSENT  
ON PROVISION AND SETTLEMENT FOR PAID SERVICES**

**Patient (his/her representative)** \_\_\_\_\_  
(name, surname, age)

**I am informed** about a patient's right and possibility to receive health care services in the Hospital free of charge, except in cases when services are included in the list of paid personal health care services provided in state and municipal personal health care institutions.

Patient's signature: \_\_\_\_\_

**I am informed** that paid personal health care services that are covered by the Compulsory health insurance fund (hereinafter – PSDF) budget and not included to emergency medical services, also other (non-medical) services are covered at patients' expense or they can be covered by other natural persons or legal entities or voluntary insurance institutions. I give my consent to provide paid personal healthcare services that are covered by the Compulsory health insurance fund budget and not included to emergency medical services, also other (non-medical) services to me/my principal, as I myself/my principal comply with at least one conditions below in accordance with the procedure set forth by the legal acts of the Republic of Lithuania (*tick the basis for service provision*):

Basis for service provision	
<input type="checkbox"/>	Patient who is covered by compulsory health insurance, has not been insured, except for emergency services.
<input type="checkbox"/>	Patient who does not have a referral from physician of LNHS personal healthcare institution (unless legislative acts establish any additional conditions) applies for in-patient or specialised out-patient personal healthcare service (consultation, in-patient treatment, procedure, test, etc.) on his/her own initiative.
<input type="checkbox"/>	Upon provision of services that are covered by the Compulsory health insurance fund and with the approval from the treating physician, the patient expresses a wish to receive additional services, substances, tests, medications, medical assistance measures, procedures, i.e. those that are not required in order to diagnose or treat the main disease.
<input type="checkbox"/>	Patient expresses a wish to receive a service not in sequence. He/she is aware of his/her right and possibility to receive a certain service in the institution free of charge.
<input type="checkbox"/>	Patient chooses more expensive health care services. He/she is aware of differences of free of charge services, medicines, medical assistance measures, substances, procedures.
<input type="checkbox"/>	Patient wishes a service which is not covered by the Compulsory health insurance fund budget (no contract on provision thereof has been concluded with territorial health insurance fund).
<input type="checkbox"/>	Patient is a foreign national.

**I hereby agree** to cover all expenses related to the below listed personal health care services not covered by the Compulsory health insurance fund budget, that are planned for provision to me/my principal, at my own expense in accordance with the procedure established by the institution.

**I confirm** that the foregoing **consent** is given in a clear and intelligible form having properly informed about terms and conditions of provisions service provision against payment and procedure thereof. By signing the present consent, I express my (my principal's) will duly, definitely and irrevocably, having full understanding of my actions and their consequences.

\_\_\_\_\_  
(Patient's (their representative's) name, surname, basis for representation, date, time, signature)