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**Catre Spitalul Sf. Gheorghe- TERAPEUTICA SA,**

**CERERE SCUTIRE PLATA TAXA CONDTII HOTELIERE**

Subsemnatul/a, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cetatenie\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, data nasterii\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, domiciliat( ) în \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ str.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nr.\_\_\_\_\_, bl.\_\_\_\_\_, sc.\_\_\_\_, ap.\_\_\_\_\_, jud./sector \_\_\_\_\_\_\_\_\_\_, act de identitate \_\_\_\_\_\_\_, seria\_\_\_\_\_\_, nr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, eliberat de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, la data\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, telefon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in calitate de **apartinator** pentru pacientul\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cetatenie\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, C.N.P. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , data nasterii\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, domiciliat( ) în \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ str.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nr.\_\_\_\_\_, bl.\_\_\_\_\_, sc.\_\_\_\_, ap.\_\_\_\_\_, jud./sector \_\_\_\_\_\_\_\_\_\_, act de identitate \_\_\_\_\_\_\_, seria\_\_\_\_\_\_, nr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, eliberat de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, la data\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, telefon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **solicit scutirea de la plata taxei de conditii hoteliere cu un grad de confort ridicat, altele decat nivelulul standard de internare in cadrul compartimentului** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **la Spitalul Sf. Gheorghe - TERAPEUTICA SA,**

**datorita datorita(motivul cererii scutirii de plata), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Prin apartinator Manager general

Nume/prenume dr. Preotescu George Mihai

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Semnatura

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Se aproba / nu se aproba**

Data

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**Catre Spitalul Sf. Gheorghe- TERAPEUTICA SA,**

**CERERE SCUTIRE PLATA TAXA CONDTII HOTELIERE**

Subsemnatul/a, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cetatenie\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, data nasterii\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, domiciliat( ) în \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ str.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nr.\_\_\_\_\_, bl.\_\_\_\_\_, sc.\_\_\_\_, ap.\_\_\_\_\_, jud./sector \_\_\_\_\_\_\_\_\_\_, act de identitate \_\_\_\_\_\_\_, seria\_\_\_\_\_\_, nr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, eliberat de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, la data\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, telefon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in calitate de pacient **/**in vederea internarii, **solicit scutirea de la plata taxei de conditii hoteliere cu un grad de confort ridicat, altele decat nivelulul standard de internare in cadrul compartimentului** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **la Spitalul Sf. Gheorghe - TERAPEUTICA SA,**

**datorita(motivul cererii scutirii de plata), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Prin apartinator Manager general

Nume/prenume dr. Preotescu George Mihai

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Semnatura

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**Se aproba / nu se aproba**

Data

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