OFFICIAL LETTERHEAD OF THE INSURANCE COMPANY

We hereby approve that the insurance policy (Policy number to be inserted) issued for Mr/Mrs……………………………….meets the following criteria regarding the minimum policy content.

Name of the Responsible Person

 Signature and Stamp

Minimum Policy Content

|  |  |  |
| --- | --- | --- |
|  | **Contracted Institutions** | **\*Non- Contracted Institutions** |
| **Annual Minimum Limit** | **Contributions** | **Annual Minimum Limit** | **Contributions** |
| **Outpatient Diagnosis Treatment** | 2.000. -TL | Insured : % 40 Company : % 60 | 2.000.-TL | Insured : % 40 Company : % 60 |
| **Inpatient Diagnosis Treatment** | Unlimited | Insured : % 0 Company : % 100 | 20.000.-TL | Insured : % 20 Company : % 80 |

**\*Non- Contracted Institutions:** Institutions (hospitals, physicians’ offices, and the other health institutions.) do not have an agreement with the insurer.