Länsi-Uudenmaan hyvinvointialue
Västra Nylands välfärdsområde

Application for a free card

Client's contact information

Last name	First names	Personal identity code
Address		Postal code and city/town
Telephone number	Bank account number in IBAN format	

Contact information of authorized representative (power of attorney required)

Name	Telephone number
Address	Postal code and city/town

The free card will be mailed

☐ Client ☐ The authorized representative

Client's consent

I agree that other public health care units may disclose information on my client payments needed for estalishing my status regarding the payment ceiling.

☐ Yes ☐ No

If you answered yes, in which wellbeing services counties you (the client) have been treated?

Tracking form

Dates of health care visits/ treatment periods	Client fee (euro)

Power of attorney

☐ Attachment

Signature

Your personal data will ba saved in Western Uusimaa wellbeing services county's register. Your personal information is kept confidential and is only disclosed with your permission or based on the law. More information on our website: https://www.luvn.fi/en/privacy-policy-client-register-social-services
☐ I certify that the information I provided is correct.

Place and date	Clients signature and name in block letters

Mail the application to:

Western Uusimaa Wellbeing Services County/ annual payment ceiling application
P.O. Box 40, 02033 Western Uusimaa Wellbeing Services County

Print form Reset form