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(oznaka HZZO-a)

Hrvatski zavod za zdravstveno osiguranje, Područna ustrojstvena jedinica \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ŽALBA**

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| --- | --- |
| Podaci podnositelja zahtjeva |  |
| Ime i prezime |  |
| Adresa stanovanja |  |
| Telefon/mobitel |  |
| OIB |  |

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| Na rješenje Naslova, KLASA UP/I- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, URBROJ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ od \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ godine.  |

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U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (mjesto) (datum)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (potpis podnositelja zahtjeva)

**Napomena:** *Ovaj obrazac nije službena tiskanica Hrvatskog zavoda za zdravstveno osiguranje te služi isključivo kao pomoć osiguranoj osobi prilikom podnošenja zahtjeva u upravnom postupku.*

*Svoj zahtjev za pokretanje postupka stranka može neposredno podnijeti javnopravnom tijelu u pisanom obliku ili usmeno na zapisnik, a može takav zahtjev poslati poštom ili dostaviti elektroničkim putem.*