

HEALTHCARE REQUEST

| 1. COMPANY DETAILS | | |
|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| COMPANY | SOCIAL SECURITY AFFILIATION NO. / / | TELEPHONE NO. |
| ADDRESS | | TOWN/CITY |
| 2. WE ASK THAT HEALTHCARE IS PROVIDED TO THE EMPLOYEE OF THIS COMPANY | | |
| FIRST SURNAME | SECOND SURNAME | NAME |
| NATIONAL ID DOCUMENT (DNI/NIE) | SOCIAL SECURITY AFFILIATION NO. / / | TELEPHONE NO. |
| ADDRESS | | TOWN/CITY |
| 3. DESCRIPTION OF THE EVENTS | | |
| | | |
| DATE / / | TIME | WERE THERE ANY WITNESSES? <input type="checkbox"/> YES / <input type="checkbox"/> NO, only the employee's version of events |

NOTES

- The issuance of this healthcare request does not imply recognition by the Mutual Insurance Company of the occurrence of a workplace accident.
- The presentation of this document to Medical Services other than those of MUTUA BALEAR does not imply that this Mutual Insurance Company must assume the cost of the healthcare provided.
- In the event that the Mutual Insurance Company classifies the incident as a workplace accident, in accordance with the current legal stipulations, the company must:
 - If it causes medical leave: process the corresponding workplace accident report, through the Delt@ system (within the five days following the issuance date of medical leave or within the following 24 hours in the event of a severe/very severe accident or death).
 - If it does not cause medical leave: include this process in the list of workplace accidents without medical leave (Delt@) during the month following that in which healthcare was provided.

Whenever you require more healthcare request leaflets, you can ask for them at our offices or download them from our website: www.mutuabalear.es

Signature and seal of the company

Full name: _____

Telephone number of the signatory: _____

In _____ on _____

i **SUBMIT THIS REQUEST, DULY COMPLETED, BY FAX OR MAIL TO ITS CORRESPONDING OFFICE**
 A list of all offices is available on the reverse of this sheet and at www.mutuabalear.es

Basic privacy information: All data are mandatory in order to be able to correctly process your request. The data processor is MUTUA BALEAR, MCSS no. 183. The purpose is the processing and management of welfare and economic benefits to which the self-employed or mutualist employees are entitled, compliance with legal obligations and quality management purposes. Interested parties are entitled to request the access, rectification or deletion, limitation to the processing and portability of their data, as well as oppose to their processing and file a claim before a control authority. More information about data protection and your rights are in the privacy policy for mutual companies at <https://www.mutuabalear.es/es/portal-privacidad>

BALEARIC ISLANDS

PALMA HOSPITAL

☎ 971 213 176
✉ admisionclinica@mutuabaleaer.es
☎ 971 213 400
🕒 24 horas

PALMA POLÍGONO

☎ 971 207 808
✉ admisionclinica@mutuabaleaer.es
☎ 971 434 948
🕒 8:00 a 19:00

INCA

☎ 971 505 837
✉ admisioninca@mutuabaleaer.es
☎ 971 501 365
🕒 8:00 a 20:00

MANACOR

☎ 971 552 546
✉ admisionmanacor@mutuabaleaer.es
☎ 971 551 582
🕒 8:00 a 20:00

FELANITX

☎ 971 581 281
✉ admisionmanacor@mutuabaleaer.es
☎ 971 580 162
🕒 8:00 a 15:00

MENORCA

☎ 971 350 237
✉ admisionmenorca@mutuabaleaer.es
☎ 971 367 917
🕒 8:00 a 20:00

EIVISSA

☎ 971 300 771
✉ mbibiza@mutuabaleaer.es
☎ 971 300 203
🕒 8:00 a 20:00

CANARY ISLANDS

LAS PALMAS DE GRAN CANARIA

☎ 928 244 843
✉ admisionlaspalmas@mutuabaleaer.es
☎ 928 296 465
🕒 8:00 a 20:00

LANZAROTE

☎ 928 803 361
✉ admisionfuerlan@mutuabaleaer.es
☎ 928 810 869
🕒 8:00 a 15:30

FUERTEVENTURA

☎ 928 541 004
✉ admisionfuerlan@mutuabaleaer.es
☎ 928 628 884
🕒 8:00 a 15:00

SANTA CRUZ DE TENERIFE

☎ 922 243 395
✉ admisiontenerife@mutuabaleaer.es
☎ 922 245 479
🕒 8:00 a 18:00

PUERTO DE LA CRUZ

☎ 922 373 302
✉ admisiontenerife@mutuabaleaer.es
☎ 922 389 985
🕒 8:00 a 15:30

PENINSULA

MADRID

☎ 91 300 07 48
✉ mbmadrid@mutuabaleaer.es
☎ 917 599 521
🕒 8:00 a 18:00

BARCELONA

☎ 934 190 242
✉ admisionbarcelona@mutuabaleaer.es
☎ 933 223 613
🕒 8:00 a 20:00

MÁLAGA

☎ 952 216 155
✉ mbandalucia@mutuabaleaer.es
☎ 952 216 610
🕒 8:00 a 15:00

CÁDIZ

☎ 956 492 452
✉ mbandalucia@mutuabaleaer.es
☎ 956 497 405
🕒 8:00 a 15:00

🕒 *All schedules, except the Hospital 24 hours 365 days, are from Monday to Friday*



CENTERS NETWORK

Our entire network of centers, with contact information and geolocation in the web **mutuabaleaer.es**



FÁCIL, AN APP OF MUTUA BALEAR

You can also manage the assistance part to through our APP *Fácil*. Check with your company