

**FORM
PAYMENT OF FEE
for assessment of medical technologies**

Name of the medicinal product

Indications

Pharmaceutical form, strength, administration route

Pharmaceutical form:	
Strength:	
Administration route:	

Marketing Authorisation Holder

Name :	
Address :	
City :	
Country :	

Telephone no. :	
Fax no.:	
E-mail :	

Type of authorisation procedure

National:	<input type="checkbox"/>
Centralised:	<input type="checkbox"/>
Mutual recognition/ decentralised:	<input type="checkbox"/>
	<input type="checkbox"/>

Status of the medicinal product

Authorised: MA no. /date of release	
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Paying company

Name :	
Address :	
City :	
Country :	
Telephone no. :	
Fax no.:	
E-mail :	
Bank	
IBAN ACCOUNT	
Trade Register no.:	

Proposed payment

Lei :

Euro :

Service for which fee is paid**Amount of tariff in Euro according to MHO
no. 888/2014***Assessment of application
for inclusion of a medicinal
product in the List of
medicinal products provided
to insurants irrespective of
personal contribution

[*amount of tariff in euro to be completed by the Applicant, according to MHO no. 888/2014.](#)

Contact person /Representative to Romania

Name :

Address :

City :

Country :

Telephone no. :

Fax no.:

E-mail :

The signatories undertake responsibility for accuracy of data herein.

Date.....

Marketing Authorisation Holder/
Representative to Romania

Name, signature, stamp