|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SOLICITUD DE ALTA COYSalud** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | **de** | | | |  | | | | | | | | | | | | | | | | | | **de** | | | | | | |  | | **20** | | | |  | | | | | | | |  | | | **CLAVE** | | | | | | **A** | | | **L** | | | | | **N** | | | **I** | | | **N** | | | | **O** | |  | | |  | | |  | | |  | |  | | |
|  | | |  | | |  | | | |  | | | | |  | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | **A cumplimentar por COYSalud** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS PERSONALES DE TITULAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DNI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Apellidos y Nombre** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | |  | |  | | |  | |  | | | **-** | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Domicilio** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Cod. Postal** | | | | | | | | |  | | | | | | | | | | | **Fecha de caducidad**  **Permiso Conducir** | | | | | | | | | | | | | | | | | |
| **Teléfono** | | | | | | |  | | | | | | | | | | | | | | | **Población** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Provincia** | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Profesión** | | | | | | |  | | | | | | | | | | | | | | | **Email** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Fecha Nacimiento** | | | | | | | | |  | | | | | | | | | | | **Estado Civil** | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS DE LOS BENEFICIARIOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apellidos y Nombre** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DNI** | | | | | | | | | | | | **Parentesco** | | | | | | | | | | | | | **F. Nacimiento** | | | | | | | | | | **Cad. Carnet Conduc** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS BANCARIOS DE TITULAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nº de Cuenta** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | **E** | | | **S** | |  | |  | | | |  | | | |  | | |  | | |  |  | | | |  | | |  | | | |  | |  | |  |  | | |  | | |  | |  | | |  | | | |  | |  | |  | |  | |  | | |  |  | | |  | |  | | |  |
|  | | | | | | | | | | | | | | | | |  | | | | **Iban** | | | | | | | | | | |  | | | | **Entidad** | | | | | | | | |  | | | **Oficina** | | | | | | | | | |  | | | | **D.C.** | | | | |  | | | **Número de Cuenta** | | | | | | | | | | | | | | | | | | | | | |  | |
| El interesado facilita estos datos para que Medi Plus Gestión S.L. tramite la Tarjeta COYSalud y autoriza las órdenes bancarias correspondientes a mi contrato con Medi Plus Gestión S.L., que serán presentadas por Medi Plus Gestión S.L. en concepto de pagos por un importe de 69€/año, según norma “sepa”. En nombre de la empresa tratamos la información que nos facilita con el fin de prestarles el servicio solicitado, realizar la facturación del mismo. Los datos proporcionados se conservarán mientras se mantenga la relación comercial o durante los años necesarios para cumplir con las obligaciones legales. Los datos no se cederán a terceros salvo en los casos en que exista una obligación legal. Usted tiene derecho a obtener confirmación sobre si en MEDI PLUS GESTIÓN S.L. estamos tratando sus datos personales por tanto tiene derecho a acceder a sus datos personales, rectificar los datos inexactos o solicitar su supresión cuando los datos ya no sean necesarios.  **Firma del Titular:**  Asimismo, solicito su autorización para ofrecerle productos y servicios relacionados con los solicitados y fidelizarle como cliente. Marque una casilla:  Sí No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OBSERVACIONES:  1.- COYSalud tiene como objeto el desarrollo de un proyecto sanitario en el que participan usuarios y profesionales sanitarios.  2.- Los profesionales asociados o colaboradores de COYSalud deberán aplicar los baremos pactados a toda persona que acredite su condición de usuario de COYSalud.  3.- Mediante el presente contrato, el que suscribe, adquiere la condición de USUARIO COYSalud. La tarjeta COYSalud, que recibirá en el plazo máximo de un mes podrá ser utilizada por él y por sus beneficiarios en cualquiera de las consultas médicas y establecimientos sanitarios asociados que constan en el Cuadro Médico, según los honorarios establecidos. Medi Plus Gestión S.L. no adquiere obligación alguna respecto de la actuación médico-sanitaria de cada profesional o establecimiento, que será de cuenta y exclusiva responsabilidad de dichos profesionales y establecimientos.  4.- La contratación se realiza con compromiso anual. Si por cualquier motivo, el usuario quisiera dar de baja el contrato que suscribe, debe comunicarlo a COYSalud con 2 meses de antelación a la fecha de caducidad de la Tarjeta, pasado ese plazo, deberá asumir la anualidad en curso.  5.- En caso de devolución del recibo, los gastos bancarios originados por este hecho correrán a cargo del usuario. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MASCOTA** | | | | | | | | | | | | | **NOMBRE** | | | | | | | | | | | | | **Conforme del titular:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |