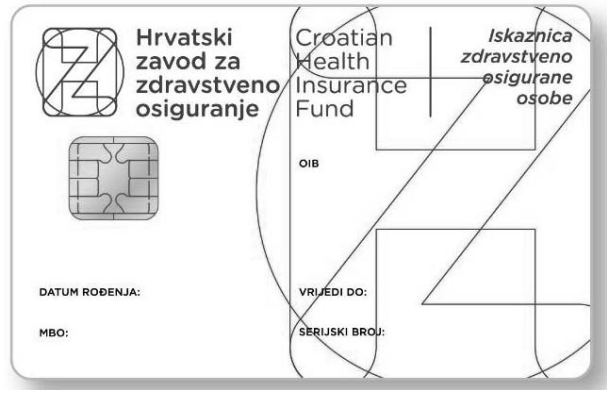
Hrvatski zavod za zdravstveno osiguranje
Croatian Health Insurance Fund
Iskaznica zdravstveno osigurane osobe
OIB
DATUM ROĐENJA:
VRIJEDI DO:
MBO:
SERIJSKI BROJ: