**Obrazac 4**

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(ime i prezime fizičkog lica/naziv organa, organizacije ili udruženja koji dostavlja primjedbe,

predloge i sugestije, kontakti)

**Ministarstvo zdravlja**

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(naziv ministarstva kojem se dostavljaju primjedbe, predlozi i sugestije)

**PRIMJEDBE, PREDLOZI I SUGESTIJE**

**Nacrt zakona o izmjenama i dopunama Zakona o zdravstvenom osiguranju**

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(naziv nacrta zakona, odnosno strategije na koji se odnose primjedbe, predlozi i sugestije)

Primjedba/predlog/sugestija1:

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Obrazloženje primjedbe/predloga/sugestije 1:

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Primjedba/predlog/sugestija 2:

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Obrazloženje primjedbe/predloga/sugestije 2:

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Primjedba/predlog/sugestija 3:

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Obrazloženje primjedbe/predloga/sugestije 3:

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**Potpis podnosioca primjedbi, predloga i sugestija**