

Declaration form for seated patient transport

Personal details of the person for whom the costs were incurred:

Name insured party:

Address:

Postcode and city:

Relation number:

Date of birth:

IBAN:

Signature:

The claim is in relation to: visiting costs
 travel expenses for: admission discharge
 overnight stay treatment examination
 other, namely:

Type of transport used for travelling:
 private transport
 public transport
 taxi
 other, namely:

Transport by taxi and/or a kilometre allowance is supported by medical grounds:
 yes (include doctor's certificate)
 no

On the dates below, I visited

for the following reason: admission discharge examination treatment

Include hospital, specialist's or doctor's certificates for the above dates. Continue overleaf if insufficient space.

HollandZorg must have received a transport request before we can accept your claim.



A series of horizontal lines for writing, spaced evenly down the page.