

## Foreign language invoices:

### Your data:

Policy number: \_\_\_\_\_ Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

BSN number	Type of treatment (GP, dentist etc.)	Accident?
		<input type="radio"/> yes
		<input type="radio"/> yes
		<input type="radio"/> yes
		<input type="radio"/> yes
		<input type="radio"/> yes

#### Please note::

- 1) If the invoice is in a language other than English, French, German, Spanish or Turkish, then it must be accompanied by a translation by a certified translator.
- 2) Make sure that the invoice includes the following information: name, address and qualifications of the person responsible for the treatment (e.g. doctor or dentist), invoice date and date of treatment, description of the treatment, name and date of birth of insured.

### Invoice:

In which country did the treatment take place? \_\_\_\_\_

When did the treatment take place? \_\_\_\_-\_\_-\_\_\_\_ to \_\_\_\_-\_\_-\_\_\_\_ (dd-mm-yy)

What treatment were you given? Please translate and give details of non-Dutch invoices below.

---



---



---

Did it involve emergency care/illness?  YES  NO

Was it reported to the emergency centre?  YES  NO

If so, did you get a case number? \_\_\_\_\_

Did you take out travel insurance including medical cover?  YES  NO

If so, from which organisation/company? \_\_\_\_\_

Policy number travel insurance: \_\_\_\_\_

### Send this form together with the original invoice to:

HollandZorg

Afdeling Declaratie

Antwoordnummer 30

7400 VB Deventer (no stamp required)