HollandZorg
No borders to security

Foreign language invoices:

Your data:

Policy number: _____ Name: _____

Telephone number: _____ Email address: _____

BSN number	Type of treatment (GP, dentist etc.)	Accident?
		O yes
		O yes
		O yes
		O yes
		O 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? O YES O NO

Was it reported to the emergency centre? O YES O NO

If so, did you get a case number? _____

Did you take out travel insurance including medical cover? O YES O 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)