HollandZorg
Onbegrensd in zekerheid

Claim Form

To ensure quick and accurate processing of your invoice(s), we request that you:

1. complete the claim form in full;
2. attach all relevant **original invoice(s)**
3. make copies for your own records
4. send the completed claim form to:
   Salland Insurance attention, Dept. Claims/group insurance
   Antwoordnummer 30
   7400 VB Deventer **(**no stamp required**)**

Policy number :_____ _____
Name :_____ _____
Address :_____
City/town :_____
Telephone number :_____ -_____ _____
Account number :_____ _____ (bank/giro)*
IBAN number :_____
BIC number :_____
* delete inapplicable
* Please check whether the account number on the form is yours.

Signature:_____

Sofinumber/ BSN number.	**Initials insured**	**Date of birth**	**Date of treatment**	**Type of treatment (GP, dentist etc.)**	**Amount invoiced**	**Accident? (**)**
						☐ **yes**
						☐ **yes**
						☐ **yes**
						☐ **yes**
						☐ **yes**
						☐ **yes**
						☐ **yes**
						☐ **yes**

(**) Tick if applicable.

Notes for accidents:
By ticking the box you indicate whether the costs were incurred as a result of an accident.
We will investigate whether it is possible for the medical costs to be claimed from the other party (insurance company).

Your claim will be processed in the usual way.

Date of accident:_____

Foreign language invoices:

General:

1) If the invoice is in a language other than English, French, German or Spanish, 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?

From (dd-mm-yyyy) _____ _____ to (dd-mm-yyyy)_____

What treatment were you given? (*)

(*)Please translate and give details of non-Dutch invoices here.

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: _____

After your claim has been processed, you will automatically be sent a new claim form.

Visit our website www.HollandZorg.nl