

Claim form healthcare costs outside the Netherlands

Important: if you do not fill in this form completely, we will not be able to assess your claim.

You will find further explanation and our mailing address on the back.

Are there claims for multiple insured persons? Complete a separate form for each insured person.

1. Details insured person

Insurance number _____ Date of birth (dd/mm/yyyy) - -

Initial(s) and surname _____

Should there be any questions about your claim, we will try to contact you. Where can we reach you?

Phone number _____

E-mail address _____

2. Invoice(s) to be submitted

Send us the original invoice(s) with any referrals. We do not accept copies, reminders and receipts.

We do not return original invoices, please make a copy or photo for your own records.

Name healthcare provider	Treatment date (dd/mm/yyyy)	Total amount invoice	Country	Currency	Has the invoice been paid?		Accident	
	- -				yes	no	yes	no
	- -				yes	no	yes	no
	- -				yes	no	yes	no
	- -				yes	no	yes	no
	- -				yes	no	yes	no

Total amount declaration

3. Details of medical assistance

Period of stay abroad - - till - -

Reason for your stay: holiday job other, namely

Could the medical assistance be postponed until after returning to the Netherlands yes no *

Below, clearly describe what happened, and what treatment was provided.

By whom have you been treated? general practitioner hospital other, namely

Were you admitted to hospital? yes no *

Have you shown the European Health Insurance Card (EHIC) or the 111 form? yes no *

Have you notified the Menzis Emergency Centre? yes no, other namely

Please, also complete the back of the form.

Do you have travel insurance which covers medical costs? yes no *

If yes, mention the insurance company

Insurance policy number

What were the planned travel dates? Departure: - - Return: - -

Whilst in the Netherlands, did you already have the complaints for which you were treated abroad? yes no *

If so, by whom were you treated?

Name of care provider

For quick and correct processing of your claim, it is necessary that you send us:

- documents from your specialist showing what treatment you have had or what type of operation you have undergone in the Netherlands. For example, a treatment or surgery report, and
- the referral of your (Dutch) general practitioner or specialist for further treatment abroad, and
- documents from your specialist showing what treatment you have had or what type of operation you have undergone in the foreign country. For example, a treatment or surgery report.

Are these documents and/or your invoice(s) written in a language other than Dutch or English? Then we can ask you for a translation by a sworn translator. We do not pay the costs of the translation.

* Please tick the box which applies.

Explanation

Paying an invoice

We reimburse the claim to you. Therefore, you will pay the invoice directly. If you claim the invoice(s) we will send a reply within two weeks.

Medical assistance after an accident

If your invoice relates to an accident for which a third party may be liable, please indicate this on the claim form behind the relevant invoice (column 'Accident'). We will then ask you for further information about the accident in order to determine whether we can hold one or multiple third parties liable. This may positively affect your deductible or excess. This has no consequences for your compensation. You will receive what you are entitled to.

Our mailing address

HEMA Zorgverzekering
Postbus 704
7500 AS ENSCHEDE

- Claim your invoices when the treatment has been completed, this includes any check-ups.
- After your invoices have been processed, you will receive a specification of the claim submitted.
- You will receive any compensation in the bank account known to us.