

Reimbursement form Zilveren Kruis - Groep Buitenlands Recht

Do you want to reclaim medical expenses made in The Netherlands? Send us this reimbursement form, the original invoices and a copy of your International Health Insurance Card.

You can send the forms to:

Zilveren Kruis
Groep Buitenlands Recht
Postbus 650
7300 AR Apeldoorn
The Netherlands

Your contact information

Name			
Street			
Address and city			
Country		Phone number	

Invoice information

<u>Care provided to</u>	<u>Care provided by</u>	<u>Invoice paid?</u>	
Name and date of birth	Name health care supplier	Invoice amount	Yes No

<u>Care provided to</u>	<u>Care provided by</u>	<u>Invoice amount</u>	<u>Yes</u>	<u>No</u>
		€		
		€		
		€		
		€		
		€		

Has your invoice already been paid?

List the bank account number on which you would like to receive the reimbursement.

IBAN	In name of
<input type="text"/>	<input type="text"/>

For payment to a bank outside of the Netherlands we also need the bank's BIC code.

BIC code	<input type="text"/>
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Does the bank account holder have a different address than the receiver of the care?

Please state this address below.

Street	
Address and city	
Country	

Make sure you send us original invoices.

Refund is not possible when we receive a reminder or photocopy.