

## Reimbursement form Zilveren Kruis - Groep Buitenlands Recht

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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.