

# Claim form



Name policyholder

Date of birth       Insurance number

Invoice date	Invoice number	Invoice amount (€)	Accident*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

\*Only tick if this applies Total amount claimed

### The reimbursement will be paid to you.

**Note!** We process your claims automatically.  
If you have any questions or would like to change your personal details, such as your address or bank account number, please use MijONVZ or the contact form on our website.

- To ensure swift processing, please:
- do not save up your invoices and send them to us as soon as possible
  - enclose the original invoices
  - enclose any necessary documents (e.g. referral letters)
  - fill in section A on the back of the form for costs incurred outside the Netherlands
  - tick the accident column if the invoice relates to an accident
  - fill in Section B on the back for costs relating to accidents, and if applicable Section A
  - send your claim form and original invoices to **ONVZ, Postbus 27, 3990 DA Houten**

By signing, I declare that the claims above correspond with the health care provided, the remedies issued and the costs that were charged.

For questions, I can be contacted during office hours on the following phone number:

Date of signing

Signature policyholder

ONVZ will not return your original invoices. We advise you to make copies for your own record. You can find an overview of your claims on MijONVZ. For your own administration you can use the "Declaratiespecificatie" which we will send to you.

## A. Medical expenses abroad

If the costs incurred outside of the Netherlands, please answer the following questions. If you wish to claim expenses for multiple insured, you can use a blank form.

The costs were made for: Initials  Surname

Date of birth

In which country were the costs incurred?

What was the reason for the stay abroad?  Holiday  Business  Residence  Other

What was the duration of the stay?  < 180 days  180 days - 1 year  More than 1 year

What was the date of departure?

Was there a medical emergency?  No  Yes

For which complaints were costs made?

What was the diagnosis?

Has there been an admittance to the hospital?  No  Yes Date of admittance:

Date of discharge:

Has there been a medical examination or surgery?  No  Yes, please enclose the treatment/medical report

If you do not have the treatment rapport / medical report, please give a further explanation about the medical examination and/or treatment.

Has ONVZ Zorgassistance been contacted?  Yes. Casenumber:

No. Why not?

Do you have travel insurance?  No

Yes, with company:

Policy number:

Are medical expenses covered?  No  Yes

(Please send us a copy of your travel insurance policy.)

## B. Accident / Event

If you already have reported the circumstances of the accident, you do not need to answer the questions below.

On which date did the accident occur?

Which injury occurred?

How did the accident/event occur? Please send an explanation and a situation sketch along with the claim form. In case of a traffic accident, we request that you send us a copy of the accident report. We request that you use the "Vragenformulier verhaalszaken". This form can be found at [www.onvz.nl/medische-kosten-door-ongeval](http://www.onvz.nl/medische-kosten-door-ongeval).