

Application form

Fertility treatments abroad

ONVZ
Eersteklas Zorgverzekering

Details of the insured person

Initials and surname:

Date of birth: - - Customer number:

Details of the requested health care

What are you going abroad for?
(Tick as applicable)

1st consultation
 Second opinion
 Fertility treatment: IVF, ICSI, IUI

Other (please specify):

Treatment facility details (optional)

Name of the facility where the treatment is being given:

Attending specialist/specialist field:

Town/city and country of the facility:

Please enclose the following documents so that your application can be assessed

1. Referral by a Dutch general practitioner or medical specialist
2. Treatment plan (in Dutch or English) from your attending medical specialist abroad. This should include the treatment history that is relevant to fertility, the diagnosis and the proposed treatment
3. Itemised quotation

If any special treatments are given with IVF or ICSI, tick them and add the doctor's medical reasons.

MESA PESA TESE PGD PGS Assisted Hatching Ovum donation

Other (please specify):

For an IVF, ICSI or IUI procedure, please answer the following questions

For how long have you tried to get pregnant naturally?

Has there been a previous pregnancy? If so, when?

Important for the fertility problems: have there been one or more miscarriages? If so, when?

What examinations into the cause of subfertility/infertility have already been performed?

Please send us the results of these examinations for both the woman and the man (including semen analyses, hysteroscopy).

Has fertility treatment been given before? If so, when and which treatment?

If there was an IUI/IVF/ICSI attempt; which treatment, how many attempts and when? Did this lead to a continuing pregnancy?¹

Have any cryopreserved embryos been kept from previous IVF/ICSI treatments? If so, how many?

What we do with your application

Our medical department will assess whether your treatment is eligible for reimbursement. Our medical department has the right to ask additional questions in response to the information you provide. **We will only accept a fully completed and signed form with enclosures.**

Assessment

Once we receive the requested information, we will assess whether the treatment is eligible for reimbursement and how much we will reimburse for your treatment. You will receive a letter or email about this within 10 working days.

Acceptance

By placing my signature, I declare that I have completed this form fully and truthfully.

Date: - - Name:

Signature of the insured person:

Please send the fully completed application form and supporting documents:

- using the [contact form](#), or
- by post to ONVZ, Postbus 392, 3990 GD Houten, Netherlands

¹ A continuing pregnancy is where the embryo survives for:
• 12 weeks following the last menstruation, in the event of spontaneous pregnancy
• 10 weeks after follicle aspiration
• 9 weeks and 3 days in the case of implantation of a frozen embryo