

## **Claim form for transport costs**

HollandZorg Munsterstraat 7 Postbus 166 7400 AD Deventer Customer service (0570) 687 123 on weekdays between 8.00 hours and 19.00 hours and on saturday between 9.00 hours and 13.00 hours

Fax (0570) 687 300 E-mail info@hollandzorg.com Internet www.hollandzorg.com

Open on weekdays between 8.00 and 17.00 hours

·	Personal details of the person for whom the costs were incurre
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	•			17.00 110	Ju13		
Name:							
Address:							
Postcode/city:							
Policy number:							
Date of birth:							
IBAN:							
Signature:							
The claim is in relation t	<ul><li>□ travelling expens</li><li>□ other,</li></ul>	es for: 🗆 admission 🗆 treatment	□ dism □ exan				
Type of transport used for travelling:  private transport  public transport  taxi other, viz.:							
Transport by taxi and/or a kilometre allowance is supported by medical grounds:  yes (include doctor's certificate)  no  On the dates below I visited							
for:	☐ admission	dismissal	□ exam	ination	☐ treatment:		

Include hospital, specialist's or doctor's certificates for the above dates. Continue overleaf if insufficient space.

HollandZorg must have received a transport request before we can accept your claim.

