

# Claims form Z

(for payments to the health-care provider)



Your name \_\_\_\_\_

\_\_\_\_\_

Customer number \_\_\_\_\_

\_\_\_\_\_

Invoice date	Invoice number	Invoice amount	Accident*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		_____ +	

\*Only tick if applicable

Total amount claimed \_\_\_\_\_

**We will pay the invoices above to the health-care provider in question.  
If the invoice date is more than 2 months in the past, we will pay the invoice in question to you.**

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

- To ensure swift processing, please:
- do not save up your invoices, 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 for costs incurred outside the Netherlands;
  - tick the accident column if the invoice relates to an accident;
  - fill in Section **B** and, where applicable, Section **A** on the back for costs relating to accidents;
  - send your claims form and original invoices to **ONVZ Zorgverzekeraar, Postbus 27, 3990 DA Houten, Netherlands.**

I, the undersigned, confirm that the claim above corresponds with the health care provided and/or the remedies issued and that I am liable to pay the amounts claimed.

In case of questions, I can be contacted on the following number during office hours: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

ONVZ will not return the invoices you submit, we recommend that you make a copy of your claims form or invoices. We will send you a Summary of medical expenses, which you can use as evidence for your records.

**A. Costs incurred abroad**

If the costs were incurred outside the Netherlands, please answer the following questions.

Who incurred the costs? \_\_\_\_\_

In which country were the costs incurred? \_\_\_\_\_

What was the reason for being abroad? \_\_\_\_\_

What were the complaints for which the costs were incurred? \_\_\_\_\_

When did the complaints begin? \_\_\_\_\_

Who treated the insured person? Name of general practitioner/specialist/hospital: \_\_\_\_\_

\_\_\_\_\_

Did the insured person have travel insurance? Yes/No (please delete as applicable)

If yes, which company was this provided by? \_\_\_\_\_

What is the policy number? \_\_\_\_\_



**B. Accident**

If you have already informed us of the details of the accident, you do not need to answer the questions below again.

On which date did the accident happen? \_\_\_\_\_

What injuries were sustained? \_\_\_\_\_

How did the accident happen (give an outline of the situation where appropriate)? For traffic accidents, please send us a copy of the accident statement. For all other types of accident, please send us a copy of the claim on the liability insurance.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outline of the situation

Who else was involved?

Name:	Address:	Capacity (adverse party, passenger, witness or employer):
_____	_____	_____
_____	_____	_____