Claim form medical expenses abroad



1 Insured Name Insured number Email	Date of birth Phone numb		
2 Information and Specification medical care Country and location where treament took place? What happened and what medical care did you receive?			
3 Specification of your invoices Tip: avoid delay, send all information you received from Date of birth patient Name and type of care		al, we would like to receive it. Amount and currency Did you contact Eurocross?	
		Currency Yes No Amount	
		Currency Yes No Amount	
		Currency Yes No Amount	
		Currency Yes No Amount	
		Currency Yes No Amount	
4 Insured signature I declare that I have completed the form truthfully and did not omit any relevant information.			
Date Submit via 'declaratie indienen' at www.zilver			

Or send the form to Zilveren Kruis, afdeling Declaratieservice, P.O. Box 70001, 3000 KB Rotterdam