

Application form for medical treatment abroad

Complete this form using a blue or black pen.



1 My details

Insurance number

Name collective* **find it on your policy certificate*

Initials Infix Surname

Date of birth - - Male Female

Nationality Dutch Other

Address House number

Postcode City Country

Phone number Mobile number

Email address

2 What are your complaints?

Medical indication

Therapy up to now

Reason for treatment abroad

Were you referred? Yes, do not forget to send in the referral
 No, because

Date of treatment - -

3 Details of medical institution abroad

Name institution

Address institution

Postcode City

Phone number Web address

4 Send in this information. We can then deal with your application

- Completed application form;
- Referral general practitioner or medical specialist (compulsory);
- Medical indication with treatment plan from the medical specialist abroad;
- Estimate of the costs, if in your possession.

Note: without this information, we cannot deal with your application.

5 Do you have anything to add?

6 Signature

Date - - Signature policyholder

You can send in your application to Zilveren Kruis, Competence Center Buitenland, Postbus 70001, 3000 KB Rotterdam.