

<Mr./Mrs.> <Addressee >
 <Address >
 <Postal code> <PLACE OF RESIDENCE>
 <Country>

Date <Date of letter>
 Reference <Reference number>

Subject

medical supportive device application

Dear <Mr./Mrs./Ms. > <Surname>,

This letter concerns your application for a supportive medical device.

We will reimburse your medical supportive device

We will do so up to the maximum reimbursable amount. You have a year from the start date to collect the medical supportive device. This authorisation will expire from the moment you are no longer insured with us or when the policy terms and conditions modify.

You will pay the mandatory deductible excess, for which you will receive a separate bill. The deductible excess does not apply when you borrow the medical supportive device from the supplier.

Requested medical supportive device	Maximum amount (does not apply to lease/hire)	Start date
<description >	€ <authorised amount >	<xx>
<description >	€ <authorised amount >	<xx>

A statutory contribution applies to supportive medical devices

A number of supportive medical devices are subject to a statutory contribution. You can check whether your supportive medical device is subject to a statutory contribution at www.<contactwebsitevergoeding.n.>

What if the supportive medical device breaks or is lost?

Then return to the supplier or shop where you bought the supportive medical device. They can also explain how it works to you.

Can we help you with anything else?

Or would you like to know more, then please check out our website: <~url~>. You can of course contact our customer service representatives on weekdays from <time> to <time> at: <phone number>.

Yours sincerely,
 <Branch Name>

<Signature>

<Signers Name>
 <Function Signer>