

<Addressee>  
<Address>  
"<Postcode & Place of residence>"

Date <Date >  
Reference  
Telephone number + 31 71 751 00 51  
English version? www.zk.nl/dov5

Invoice statement no. <number>

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

This overview shows your and your co-insured's medical expenses. This concerns medical health care expenses and an amount we have to settle with you. That could be because you have:

- already paid a bill
- to pay your excess
- to pay a personal contribution

Find an overview of all your medical health care expenses at [www.zilverenkruis.nl/mijnzilverenkruis](http://www.zilverenkruis.nl/mijnzilverenkruis).

We owe you money. Please, inform us of your account number. You can do so via <internet site> or you can call us.

Yours sincerely,  
<Branch Name>

Yet to be received						
	Date of birth	You will pay		You will receive		Total
1. Name policyholder	Date of birth					
2. Co-insured	Date of birth					
3. Co-insured	Date of birth					
4. Co-insured	Date of birth					
You receive			-			€

Find a specification of this amount on the following pages.

#### More information

Find more information about claims and reimbursements at [www.zilverenkruis.nl/mijnzilverenkruis](http://www.zilverenkruis.nl/mijnzilverenkruis).

Log in with your DigiD.

PS You can request a payment in installments at [www.zilverenkruis.nl](http://www.zilverenkruis.nl).

## Claims overview Specification no. <number>

1. **Name** Date of birth DD-MM-YYYY, insurance number XXX XXX XXX

### Expenses claimed by your care provider

Date	Description	Bill amount	Settled with		You will pay	Explanation
DD-MM-YYYY						
DD-MM-YYYY						
DD-MM-YYYY						
DD-MM-YYYY						
	Amount you owe us					

### Expenses claimed by you

Date	Description	Bill amount	Settled with		You receive	Explanation
DD-MM-YYYY						
DD-MM-YYYY						
	Amount you will receive					

2. **Name** Date of birth DD-MM-YYYY, insurance number XXX XXX XXX

### Expenses claimed by your care provider

Date	Description	Bill amount	Settled with		You will pay	Explanation
	Amount you owe us					

### Expenses claimed by you

Date	Description	Bill amount	Settled with		You will pay	Explanation
	Amount you will receive:					

### Submit claims yourself?

You can submit your claims online at [www.zilverenkruis.nl/declareren](http://www.zilverenkruis.nl/declareren), or download our free Zilveren Kruis app. Submitting a claim via post is still possible. Send your bills to: Zilveren Kruis, P.O.Box 70001, 3000 KB Rotterdam.

## Claims overview specification Excess

### What is the excess?

Each year, you pay part the medical expenses. This amount is called the excess. The government determines the level of this amount: this is € 360.00 for 2014. Each year, you can opt for an increased or voluntary excess. You will pay more health care expenses, but your premium is less. The excess does not apply to, among other things, the general practitioner, obstetric care and treatment for children younger than 18 years. Find more information on [www.zilverenkruis.nl/eigenrisico](http://www.zilverenkruis.nl/eigenrisico).

### What is the difference between excess and personal contribution?

Everybody in the Netherlands has to pay a personal contribution for some medicines and auxiliary medical devices. In most cases, the government determines the level of this contribution and to which medicines and auxiliary medical devices that applies to. In some cases, we determine that. The excess and the personal contribution have nothing to do with each other. Find more information about the personal contribution at [www.zilverenkruis.nl/eigenbijdrage](http://www.zilverenkruis.nl/eigenbijdrage). Would you like to know which medicine and auxiliary device the personal contribution applies to, then find more information at [www.medicijnkosten.nl](http://www.medicijnkosten.nl).

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1. **Name** Date of birth DD-MM-YYYY, insurance number XXX XXX XXX

**2014**

Initial position	€ <amount>
Overview 1/<year>	€ 00 -
This overview	€ 00 -
Remaining excess	

**2013**

Initial position	€ <amount>
Overview 1/<year>	€ 00 -
This overview	€ 00 -
Remaining excess	

X Remaining excess

X Paid excess

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2. **Name** Date of birth DD-MM-YYYY, insurance number XXX XXX XXX

**2014**

Initial position	€ <amount>
Overview 1/<year>	€ 00 -
This overview	€ 00 -
Remaining excess	€ 00

**2013**

Initial position	€ <amount>
Overview 1/<year>	€ 00 -
This overview	€ 00 -
Remaining excess	€ 00

X Remaining excess

X Paid excess