

<Addressee>  
<Street Name\_House number>  
<Zip Code\_City>

Date <Date >  
Reference number "<Reference number>"  
English version [www.zk.nl/english/jrestd12storno](http://www.zk.nl/english/jrestd12storno)

Subject : invoice payment

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

This letter concerns the payment for your outstanding health care costs.

**Please pay us an amount of € <XX> before <Date>**

This is the amount for health care costs. Attached to this letter you find an overview.

Unfortunately we were unable to debit the amount from your account number <account number>. Your bank will inform you regarding the reason.

**You may pay the amount by giro slip or via online banking.**

These are our details:

Amount: € <XXX>  
Account number: <account number>  
In the name of: <Brand Name>  
Payment reference: <reference number>

**Did you pay already?**

In that case you do not have to do anything. Please contact our customer service representatives if anything is incorrect on weekdays from <time> to <time> at: <phone number> <(rate)>.

Yours sincerely,  
<Branch Named>

"<Signers Name>"  
"<Function Signer>"

<Address>  
<Zip code>< City>  
<Website>

< Achmea Zorgverzekeringen N.V. (KvK 30208637/AFM 12001027/UZOVI 3311) is the Zilveren Kruis national healthcare insurer. Achmea Zorgverzekeringen N.V. (KvK 28080300/AFM 12000647) is the insurer for the supplementary insurances. Achmea Schadeverzekeringen N.V. (KvK 08053410) is the insurer for the Zilveren Kruis travel insurance.

**You still owe Zilveren Kruis € <amount>**

Following is the calculation:

<b>Subject</b>	<b>Description</b>	<b>Amount to be paid</b>	
Health care invoices	<reference number>	€	<amount>
Total amount to be paid by you		€	<amount>