



<Mr./Mrs.> <Addressee >

<Address >

<Postal code> <PLACE OF RESIDENCE>

<Country>

Date Reference <Date of letter>
<Reference number>

#### Subject Your treatment

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

This letter concerns your application for dental treatment.

#### We give you our approval for this treatment

We will reimburse your treatment under basic insurance. Under the basic insurance, the mandatory and voluntary deductible excess applies to these expenses. The excess does not apply to treatment for children younger than 18 years. It is possible that additional expenses apply that you pay out-of-pocket. Below we will explain what these expenses are.

#### We use maximum technical and material expense

Some treatments are therefore not reimbursed. Are the expenses below the maximum technical expenses, then your care provider is required to claim the actual incurred expenses. Are the expenses higher than the maximum technical expenses, then you pay those expenses out-of-pocket.

# You will possibly pay a statutory contribution

The statutory contribution is part of the medical expenses of the basic insurance that you have to pay out-of-pocket. What is the level of your statutory contribution? We will not know until after your care provider has submitted the bill. We will then inform you about the amount to be reimbursed and the amount you will have to pay. Would you like to know more about the possible statutory contribution, please check out the site <a href="https://www.url.nl">www.url.nl</a>.

Requested treatment	Authorisation number	End date <optional></optional>
<pre><description code="" treatment=""></description></pre>	<authorisation number=""></authorisation>	<xx></xx>
<description code="" treatment=""></description>	<authorisation number=""></authorisation>	<xx></xx>
<pre><description code="" treatment=""></description></pre>	<authorisation number=""></authorisation>	<xx></xx>

## There are 4 situations in which our approval for this treatment expires

- 1. Your healthcare insurance has ended.
- 2. The insurance terms and conditions modify.
- 3. The treatment has modified.
- 4. The treatment takes place after the end date.



Onderwerp Fout! Verwijzingsbron niet gevonden.

Datum

Fout! Verwijzingsbron niet

Ons kenmerk **gevonden.** 

Fout! Verwijzingsbron niet

aavandan

# Do you have any questions?

For more information please, check out our website: <www.url.nl>. 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>