

<Addressee>
<Street Name_House number>
<Zip Code_City>

Date <Date >
Telephone number <Phone number>
English version www.zk.nl/english/betrontb

Subject : Payment plan

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

This letter concerns the payment plan you arranged with Zilveren Kruis on <date>.

Pay Zilveren Kruis the amount of € <XX> within 7 days time

We have cancelled the payment plan because we were unable to debit the agreed amount from your account. You are now required to pay the remaining amount in one payment. These are our details:

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

Make sure to pay on time

If you do not pay within a week:

- we will ask a debt collection agency to help us collect the amount owed from you;
- you will also have to pay the debt collection agency fee.

Do not hesitate to contact us

Please contact our Debt Service Team if you have any questions on weekdays from <time> to <time> hours at: <phone number> <(rate)>.

Yours sincerely,
<Branch Name>

"<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.