

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

Date <Date >
Reference number "<Reference number>"
English version www.zk.nl/english/hersch2

Subject : invoice payments

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

This letter concerns your health care costs payment.

Please pay Zilveren Kruis an amount of € <XX> before <Date>

This is the amount for your health care costs. You will receive an overview together with this letter.

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. If you have not paid the outstanding amount for a certain reason, we will be happy to help you find a solution. Please contact our customer service representatives on weekdays from <time> to <time> 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.

You still owe Zilveren Kruis € <amount>

Following is the calculation:

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