

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

Date <Date >
Reference number "<Reference number>"
English version www.zk.nl/englisg/hersch3

Subject : invoice payment

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

You have not yet paid our invoice for your health care expenses. We sent you letters on <Date> and <Date> requesting payment.

You owe Zilveren Kruis an amount of € <XX>

Please pay the outstanding health care expenses amount of € <amount> within 7 days. Attached to this letter you will find an overview.

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

These are our details:

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

Not paying the outstanding amount within a week will have consequences

These are the consequences:

- A debt collection agency will ask you for the payment.
- You will also incur the debt collection agency fee.
- We can no longer agree to set up a payment plan.

We would like to help you find a solution

We prefer not to contact the debt collection agency; we would like to help you find a solution. Please contact our Debt Service Team for any questions on weekdays from <time> to <time>hours at: <phone number> <(rate)>.

Yours sincerely,
<Branch Name>

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

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

< 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 expenses	<reference number>	€	<amount>
Total amount to be paid by you		€	<amount>