

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

Date <Date >
Membership number <Membership number
Telephone number <Phone number> <rate>

Subject Settlement overview health care insurance

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

You have <Branch Name> National Health Care Insurance under membership number <number>. Our records indicate that you still owe us an outstanding amount. Besides, we owe you an amount.

Settlement

We have balanced the outstanding amount with the amount due to you. The specification on the reverse side shows that you still owe <Branch Name> an amount of € <amount>, which we will write off.

Do you have any questions?

Please contact our customer service representatives for any further questions 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.

Specification concerning settlement overview health care insurance

Subject	Description	Period from	Period to	Expiry date	To pay	To receive
<Subject>	<Description>	<Date>	<Date>	<Date>	€ <xxxxx>	€ <xxxxx>
<Subject>	<Description>	<Date>	<Date>	<Date>	€ <xxxxx>	€ <xxxxx>
Total					€ <xxxxx>	€ <xxxxx>
Total amount you owe <Branch Name>					€ <xxxxx>	