



## Reimbursement form Zilveren Kruis - Groep Buitenlands Recht

### Do you want to reimburse medical expenses made in the Netherlands?

Please use the online claim form on [www.zk.nl/gbr](http://www.zk.nl/gbr) to submit your bills. Do you prefer to submit your bills by mail? Please send this reimbursement form, the original invoices and a copy of your International Health Insurance Card to:

Zilveren Kruis  
Groep Buitenlands Recht  
Postbus 650  
7300 AR Apeldoorn

### Contact Information

|                  |              |  |  |
|------------------|--------------|--|--|
| Name             |              |  |  |
| Street           |              |  |  |
| Address and City |              |  |  |
| Country          | Phone number |  |  |

### Invoice information

Care provided to: Care provided By: Invoice paid?

| Name | Date of Birth | Name health care provider | Amount | Yes | No |
|------|---------------|---------------------------|--------|-----|----|
|      |               |                           | €      |     |    |
|      |               |                           | €      |     |    |
|      |               |                           | €      |     |    |
|      |               |                           | €      |     |    |
|      |               |                           | €      |     |    |

### Has your invoice already been paid?

List the bank account number on which you would like to receive the reimbursement.

IBAN

In name of

|  |  |
|--|--|
|  |  |
|--|--|

For payment to a bank outside of the Netherlands we also need the bank's BIC code.

|          |  |
|----------|--|
| BIC code |  |
|----------|--|

### Does the bank account holder have a different address than the receiver of the care?

Please state the address below.

|                  |  |
|------------------|--|
| Street           |  |
| Address and city |  |
| Country          |  |

### Make sure you send us the original invoices

Reimbursement is not possible when we receive a reminder or photocopy.