

Reimbursement form Zilveren Kruis - Groep Buitenlands Recht
Do you want to reimburse medical expenses made in the Netherlands?

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

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

BIC code	
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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.