

Our address:
Postbus 75000
7500 KC ENSCHEDE



Counselling Form Healthcare abroad

Fill in the information under "insured" in full and the other questions as appropriate

Insured

Initial (s) and surname _____ M F*
Birth Date (dd/mm/yy) _____ Insurance number _____
Address _____
Postcode and town _____
Telephone phone _____
(Post) bank number _____

Medical data

Duration of stay abroad _____
Duration of treatment _____
Was there a disease?* Yes No
Was there an accident?* Yes No
Were you admitted to hospital?* Yes No

If you enter yes, please describe in brief what has happened? What was the nature of the disease, injury or accident?

Have you notified the Menzis alarm helpdesk* Yes No

If yes, please give the date, place and country where the medical assistance was carried out.

Date _____ [dd/mm/yy] Place _____
Country _____

Could the medical assistance have been postponed until back in The Netherlands* Yes No

If not, why was the emergency care necessary

* Tick what is applicable

Were you suffering in The Netherlands from the ailment for which the treatment took place abroad?

Yes No If yes, mention the date when the treatment took place _____ (dd,mm,yy)

Who was carrying out the treatment

Name of the General Practitioner _____

Sort specialist & specialist name _____

Name of the hospital _____

Have the medical bills been paid for by you? Yes No

Travel insurance

Do you have travel insurance with a cover for medical costs? Yes No

If yes, mention The insurer _____

The insurance _____

Policy number _____ (please attach a copy of the policy)

Insured Signature

I certify that the above questions are answered truthfully and I have not concealed anything. I also declare that the submitted claim(s) correspond to the actual care and/or supplied resources. By signing this form I also authorize Menzis to contact directly my doctor and/or treating specialist should that be necessary.

Date (dd,mm,yy)

Signed
