

# Declaration

## Costs of medical care for a person entitled under a treaty

You can use this form to claim back costs of medical care incurred while you were on holiday. You can only do that if you:

- have an EHIC from the CAK;
- incurred the costs in an EU/EEA country or Switzerland;
- did not incur the costs in the Netherlands or your country of residence.

Send the completed form together with the original invoices you paid to: CAK, Regeling Buitenland, Antwoordnummer 91041, 2509 VC The Hague.

If you complete the form by hand, please use block capitals.

### 1 Personal details

1.1	Name	<i>First names (in full)</i>	<hr/>
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<i>Surname</i>	<hr/>
		<i>Maiden name (if married)</i>	<hr/>
1.2	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>DD / MM / YYYY</i>	
1.3	Registration	<i>ID number from the CAK (formerly Zorginstituut Nederland)</i>	<hr/>
1.4	Contact details	<i>Email address</i>	<hr/>
		<i>Telephone number</i>	<hr/>

### 2 Address details

2.1	Address	<i>Street and house number</i>	<hr/>
		<i>Postcode</i>	<hr/>
		<i>Town/city</i>	<hr/>
		<i>Province</i>	<hr/>
		<i>Country</i>	<hr/>



More information can be found on our website: [www.hetcak.nl/buitenland](http://www.hetcak.nl/buitenland). You can also send us an email using the contact form on our website.

### 3 Bank details

- 3.1 IBAN \_\_\_\_\_
- 3.2 BIC/SWIFT \_\_\_\_\_
- 3.3 In the name of \_\_\_\_\_

### 4 In which country did you incur costs for medical care?

You can submit your claim to us if you incurred healthcare costs in: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom.

4.1 I was in \_\_\_\_\_

From    DD / MM / YYYY

To    DD / MM / YYYY

4.2 Why were you there? (holiday, family visit, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

### 5 What invoices did you pay?

- Please note!**
- Any costs you incurred in your country of residence must be claimed from your health insurance fund in that country.
  - Costs incurred in the Netherlands must be claimed from:  
Zilveren Kruis, Groep Buitenlands Recht, Postbus 650, 7300 AR Apeldoorn.

Invoice from (name: doctor, institution, etc.)	Invoice date	Currency	Invoice amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5.1 Total amount \_\_\_\_\_

