

# Declaration form

## Costs of medical care in Europe

You can use this form to claim costs of medical care incurred while you were abroad.

You can only submit the form if you:

- have an EHIC from the CAK;
- incurred the costs in an EU/EEA country, the United Kingdom or Switzerland;
- have not incurred 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 Who has been treated?

1.1 CAK ID-number

*Without your CAK ID-number we can not assist you. You can find this number on your EHIC or as a reference number on our letters.*

1.2 First name and surname

1.3 Date of birth    DD / MM / JJJJ

**Please note!** When you submit invoices for multiple persons, fill out a separate form for each person.

### 2 Contact details

2.1 Email address

2.2 Telephone number

### 3 Bank details

3.1 IBAN

3.2 BIC/SWIFT

3.3 In the name of



More information can be found on our website:  
[www.hetcak.nl/rates](http://www.hetcak.nl/rates)

## 4 Your medical costs

You can submit your claim if you incurred healthcare costs in an EU/EEA country, Switzerland or the United Kingdom.

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

From    DD / MM / YYYY

To    DD / MM / YYYY

4.2 What kind of costs?

Planned medical treatment (proceed to 4.4)  Unplanned medical costs (e.g. fallen ill during vacation)

4.3 We reimburse your costs according to the rates in the country where the costs were incurred, potentially supplemented to the Dutch rate. Would you like us to solely apply the Dutch rate?

*If you do not make a choice, we will not process your application. For more information on rates go to [www.hetcak.nl/rates](http://www.hetcak.nl/rates).*

Yes  No

4.4 To evaluate your invoices correctly, we would like to receive a treatment report from the doctor or specialist. Do you have such a report?

Yes. Please enclose the report.  No. Please describe the treatment yourself

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## 5 What invoices did you pay?

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

Invoice from (name: doctor, institution, etc.)	Invoice date	Currency	Invoice amount	Does it concern an own contribution?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

## 6 What do you need to enclose?

- 6.1 I am enclosing
- |  |               |
|--|---------------|
| <input type="checkbox"/> Original invoices                       | <u>Number</u> |
| <input type="checkbox"/> Receipts (copy permitted)               | <u>Number</u> |
| <input type="checkbox"/> Referral letters (copy permitted)       | <u>Number</u> |
| <input type="checkbox"/> Doctor's prescriptions (copy permitted) | <u>Number</u> |
| <input type="checkbox"/> Treatment report (copy permitted)       | <u>Number</u> |

## 7 Signature

I declare that I have read all the information carefully and that I have entered the details truthfully.

- 7.1 Place and date
- \_\_\_\_\_
- DD / MM / YYYY
- 7.2 Signature
- \_\_\_\_\_



Send the completed form and  
all other documents to:  
**CAK**  
Antwoordnummer 91041  
2509 VC The Hague