

Health Service Executive St. Joseph's Hospital, Mulgrave St. IE LiMERICK lerland

CAK Verzekering Burgers Team Buitenland

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl

T 0031 88 711 5551

Our reference VBO/23/1049/WU

VBO/23/1049/WU

Documentnumber 2017027060

Date

22 May 2017

Subject

Costs of medical care - actual expenditure;

List no.: VBO/23/1049/WU

Dear Sir/Madam,

Enclosed please find 151 forms 125 regarding insured persons staying or residing in the Netherlands who incurred costs of medical care which are to be refunded by you on the basis of actual expenditure.

I request you to remit the total amount of

EUR 27.482,09

2601.2017027060

Into

BANK:

ABN AMRO

IBAN:

NL88 ABNA 0535 8200 89

BIC: Beneficiary: ABNA NL2A CAK, Den Haag

quoting:

VBO/23/1049/WU

When making payment, please send an electronic summary (in Excel format) of claims that have been paid and claims that have not been paid, including the reason for their rejection. If you prefer, you can make use of the summary that is enclosed with this letter. Please return the summary to the following e-mail address: infovz administratie@hetcak.nl.

Yours sincerely,



2017090458

> Retouradres Postbus 84030, 2508 AA Den Haag

EU Regulations National Office Health Service Executive St Joseph's Hospital, Mulgrave St., IE LIMERICK lerland

CAK

Afdeling Buitenland Team Buitenland Verbindingsorgaan

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl

T 0031 88 711 5551

Contactpersoon mw. N. Knaap T 0031 88 711 4871

15 November 2017

Date Subject

Costs of medical care - actual expenditure;

List no.: VBO/23/1151/WU

Our reference VBO/23/1151/WU

Documentnumber 2017090458

Dear Sir/Madam,

Enclosed please find 252 forms 125 regarding insured persons staying or residing in the Netherlands who incurred costs of medical care which are to be refunded by you on the basis of actual expenditure.

I request you to remit the total amount of

EUR 54.653,17

Into

BANK:

**ABN AMRO** 

IBAN:

NL88 ABNA 0535 8200 89

BIC: Beneficiary: ABNA NL2A

quoting:

CAK, Den Haag, VBO/23/1151/WU

When making payment, please send an electronic summary (in Excel format) of claims that have been paid and claims that have not been paid, including the reason for their rejection. Please send the summary to the following e-mail address: infovz\_administratie@hetcak.nl.

Yours sincerely,



EU Regulations National Office Health Service Executive St Joseph's Hospital, Mulgrave St., IE LIMERICK lerland

2018018108

Date

6 March 2018

Subject

Costs of benefits in kind - actual expenditure;

-Articles 35 and 41, Regulation (EC) No. 883/2004

-Articles 62, 66 (1) and 67, Regulation (EC) No. 987/2009

List no.: VBO/23/1152/WU

CAK

Afdeling Buitenland Team Buitenland Verbindingsorgaan

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl

infovz\_administratie@hetcak.nl

T 0031 88 711 5551

Contactpersoon mw. N. Knaap T 0031 88 711 4871

Our reference VBO/23/1152/WU

Documentnumber 2018018108

Dear Sir/Madam,

Enclosed please find 182 forms 125 regarding insured persons staying or residing in the Netherlands who incurred costs of benefits in kind which are to be reimbursed by you on the basis of actual expenditure.

I request you to remit the total amount of

EUR 38.702.10

Into

BANK:

**ABN AMRO** 

IBAN:

NL88 ABNA 0535 8200 89

BIC: Beneficiary: ABNA NL2A

quoting:

CAK, Den Haag, VBO/23/1152/WU

When making payment, please send an electronic summary (in Excel format) of claims that have been paid and claims that have not been paid, including the reason for their rejection. Please send the summary to the following e-mail address: infovz\_administratie@hetcak.nl.

Yours sincerely,



EU Regulations National Office Health Service Executive St Joseph's Hospital, Mulgrave St., IE LIMERICK lerland

2018091485

Date

25 October 2018

Subject

Costs of benefits in kind - actual expenditure;

-Articles 35 and 41, Regulation (EC) No. 883/2004

-Articles 62, 66 (1) and 67, Regulation (EC) No. 987/2009

List no.: VBO/23/1155/WU

CAK

Afdeling Buitenland Team Buitenland Verbindingsorgaan

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl infovz\_administratie@hetcak.nl

T 0031 88 711 5551

Contactpersoon T.H. Siem T 0031 88 711 4846

Our reference VBO/23/1155/WU

Documentnumber 2018091485

Dear Sir/Madam,

Enclosed please find 221 forms 125 regarding insured persons staying or residing in the Netherlands who incurred costs of benefits in kind which are to be reimbursed by you on the basis of actual expenditure.

I request you to remit the total amount of

EUR 43.422,39

Into

BANK:

ABN AMRO

IBAN:

NL88 ABNA 0535 8200 89

BIC: Beneficiary: ABNA NLŽA ČAK, Den Haag,

quoting:

VBO/23/1155/WU.

Yours sincerely,



EU Regulations National Office Health Service Executive St Joseph's Hospital, Mulgrave St., IE LIMERICK lerland

2019019897

Date

4. März 2019

Subject

Costs of benefits in kind - actual expenditure;

-Articles 35 and 41, Regulation (EC) No. 883/2004

-Articles 62, 66 (1) and 67, Regulation (EC) No. 987/2009

List no.: VBO/23/1156/WU

CAK

Afdeling Buitenland Team Buitenland Verbindingsorgaan

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl infovz\_administratie@hetcak.nl

T 0031 88 711 5551

Contactpersoon mw. N. Knaap T 0031 88 711 4871

Our reference VBO/23/1156/WU

Documentnumber 2019019897

Dear Sir/Madam.

Enclosed please find 196 forms 125 regarding insured persons staying or residing in the Netherlands who incurred costs of benefits in kind which are to be reimbursed by you on the basis of actual expenditure.

I request you to remit the total amount of

EUR 54.561,32

Into

BANK:

**ABN AMRO** 

IBAN:

NL88 ABNA 0535 8200 89

BIC:

ABNA NLŽA ČAK, Den Haag,

Beneficiary: quoting:

VBO/23/1156/WU

Yours sincerely,



EU Regulations National Office Health Service Executive St Joseph's Hospital, Mulgrave St., IE LIMERICK lerland

2019046525

Date

23 May 2019

Subject

Costs of benefits in kind - actual expenditure;

-Articles 35 and 41, Regulation (EC) No. 883/2004

-Articles 62, 66 (1) and 67, Regulation (EC) No. 987/2009

List no.: VBO/23/1158/WU

CAK Afdeling Bu

Afdeling Buitenland Team Buitenland Verbindingsorgaan

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl infovz\_administratie@hetcak.nl

T 0031 88 711 5551

Contactpersoon mw. N. Knaap T 0031 88 711 4871

Our reference VBO/23/1158/WU

Documentnumber 20190046525

Dear Sir/Madam,

Enclosed please find 214 forms 125 regarding insured persons staying or residing in the Netherlands who incurred costs of benefits in kind which are to be reimbursed by you on the basis of actual expenditure.

I request you to remit the total amount of

EUR 61.510,04

Into

BANK:

ABN AMRO

IBAN:

NL88 ABNA 0535 8200 89

BIC:

ABNA NLŽA

Beneficiary: quoting:

ĈAK, Den Haag, VBO/23/1158/WU

Yours sincerely,



EU Regulations National Office Health Service Executive St Joseph's Hospital, Mulgrave St., IE LIMERICK lerland

2020029939

Date

14 May 2020

Subject

Costs of benefits in kind - actual expenditure;

Articles 35 and 41, Regulation (EC) No. 883/2004

Articles 62, 66 (1) and 67, Regulation (EC) No. 987/2009

List no.: VBO/23/1161/WU

CAK

Afdeling Buitenland Team Buitenland Verbindingsorgaan

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl

infovz\_administratie@hetcak.nl

T 0031 88 711 5551

Contactpersoon S. Hunting T 0031 88 711 5110

Our reference VBO/23/1161/WU

Documentnumber 2020029939

Dear Sir/Madam,

Enclosed please find 192 forms 125 regarding insured persons staying or residing in the Netherlands who incurred costs of benefits in kind which are to be reimbursed by you on the basis of actual expenditure.

I request you to remit the total amount of

EUR 41.419,85

Into

BANK:

**ABN AMRO** 

IBAN:

NL88 ABNA 0535 8200 89

BIC:

ABNA NLŽA ČAK, Den Haag,

Beneficiary: quoting:

VBO/23/1161/WU

Files will be sent to you within 2 weeks of the date of this letter by sTesta with file number: PNLIE125\_12052020\_000006

Yours sincerely,



EU Regulations National Office Health Service Executive St Joseph's Hospital, Mulgrave St., IE LIMERICK lerland

2020079035

Date

29 July 2020

Subject

Costs of benefits in kind - actual expenditure;

Articles 35 and 41, Regulation (EC) No. 883/2004

Articles 62, 66 (1) and 67, Regulation (EC) No. 987/2009

List no.: VBO/23/1162/WU

CAK

Uitvoering Regelingen Buitenland Team Verbindingsorgaan

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl

infovz\_administratie@hetcak.nl

T 0031 88 711 5551

Contactpersoon mw. N. Knaap T 0031 88 711 4871

Our reference VBO/23/1162/WU

Documentnumber

Dear Sir/Madam.

Enclosed please find 234 forms 125 regarding insured persons staying or residing in the Netherlands who incurred costs of benefits in kind which are to be reimbursed by you on the basis of actual expenditure.

I request you to remit the total amount of

EUR 48.178,04

Into

BANK:

**ABN AMRO** 

IBAN:

NL88 ABNA 0535 8200 89

BIC: Beneficiary: ABNA NL2A CAK, Den Haag,

quoting:

VBO/23/1162/WU

Files will be sent to you within 2 weeks of the date of this letter by sTesta with file number: PNLIE125 31072020 000008

Yours sincerely,

Manager Buitenland



EU Regulations National Office Health Service Executive St Joseph's Hospital, Mulgrave St., IE LIMERICK Ierland

2021026021

Date

1 April 2021

Subject

Costs of benefits in kind - actual expenditure;

Articles 35 and 41, Regulation (EC) No. 883/2004

Articles 62, 66 (1) and 67, Regulation (EC) No. 987/2009

List no.: VBO/23/1164/WU

CAK

Uitvoering Regelingen Buitenland Team Verbindingsorgaan

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl

infovz\_administratie@hetcak.nl

T 0031 88 711 5551

Contactpersoon S. Hunting T 0031 88 711 5110

Our reference VBO/23/1164/WU

Documentnumber 2021026021

Dear Sir/Madam,

Enclosed please find 204 forms 125 regarding insured persons staying or residing in the Netherlands who incurred costs of benefits in kind which are to be reimbursed by you on the basis of actual expenditure.

I request you to remit the total amount of

EUR 51.953,69

Into

BANK:

**ABN AMRO** 

IBAN:

NL88 ABNA 0535 8200 89

BIC: Beneficiary: ABNA NL2A ĈAK, Den Haag,

quoting:

VBO/23/1164/WU

Files will be sent to you within 2 weeks of the date of this letter by sTesta with file number: PNLIE125 06042021 000010

Yours sincerely,

Manager Buitenland



EU Regulations National Office Health Service Executive St Joseph's Hospital, Mulgrave St., IE LIMERICK lerland

2021100804

Date

29 July 2021

Subject

Costs of benefits in kind - actual expenditure;

Articles 35 and 41, Regulation (EC) No. 883/2004 Articles 62, 66 (1) and 67, Regulation (EC) No. 987/2009

List no.: VBO/23/1166/WU

CAK

Uitvoering Regelingen Buitenland Team Verbindingsorgaan

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl

infovz\_administratie@hetcak.nl

T 0031 88 711 5551

Contactpersoon mw. N. Knaap T 0031 88 711 4871

Our reference VBO/23/1166/WU

Documentnumber 2021100804

Dear Sir/Madam,

Enclosed please find 197 forms 125 regarding insured persons staying or residing in the Netherlands who incurred costs of benefits in kind which are to be reimbursed by you on the basis of actual expenditure.

I request you to remit the total amount of

EUR 65.473,85

Into

BANK:

ABN AMRO

IBAN:

NL88 ABNA 0535 8200 89

BIC: Beneficiary: ABNA NLŽA

quoting:

CAK, Den Haag, VBO/23/1166/WU

Files will be sent to you within 2 weeks of the date of this letter by sTesta with file number: PNLIE125 02082021 000012

Yours sincerely,

Manager Buitenland



EU Regulations National Office Health Service Executive St Joseph's Hospital, Mulgrave St., IE LIMERICK lerland

2018021999

Date

5 April 2018

Subject

Settlement of costs based on lump sums for persons with

convention rights who lived in the Netherlands in the year: 2015

claim reference VBO/0623/2015HV00

CAK

Afdeling Buitenland Team Buitenland Verbindingsorgaan

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl infovz\_administratie@hetcak.nl

T 0031 88 711 5551

Contactpersoon mw. N. Knaap T 0031 88 711 4871

Our reference VBO/0623/2015HV00

Documentnumber 2018021999

Dear Sir/Madam,

In our letter dated 29 September 2016 we sent you our principal claim/additional claim for the year 2015.

On 26 January 2018 the average costs for the year 2015 were published in the Official Journal of the European Union. The total claim is indicated in the appendix, based on the published average costs.

Please transfer the sum of

EUR 16.060,54

into our account number: IBAN: NL88 ABNA 0535 8200 89 - BIC: ABNA NL2A in the name of "CAK".

Please quote claim reference VBO/0623/2015HV00 when making payment.

Yours sincerely,



EU Regulations National Office Health Service Executive St Joseph's Hospital, Mulgrave St., IE LIMERICK lerland

2019003211

CAK Afdeling Buitenland Team Buitenland Verbindingsorgaan

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl

infovz\_administratie@hetcak.nl

Contactpersoon mw. N. Knaap T 0031 88 711 4871

T 0031 88 711 5551

Date

17 January 2019

Subject

Settlement of costs based on lump sums for persons with convention

rights who lived in the Netherlands in the year: 2016

claim reference VBO/0623/2016HV00

Our reference VBO/0623/2016HV00

Documentnumber 2019003211

Dear Sir/Madam.

In our letter dated 10 October 2017 we sent you our principal claim for the year 2016.

On 3 December 2018 the average costs for the year 2016 were published in the Official Journal of the European Union. The total claim is indicated in the appendix, based on the published average costs.

Please transfer the sum of

EUR 19.435,76

into our account number: IBAN: NL88 ABNA 0535 8200 89 - BIC: ABNA NL2A in the name of "CAK".

Please quote claim reference VBO/0623/2016HV00 when making payment.

Yours sincerely,



EU Regulations National Office Health Service Executive St Joseph's Hospital, Mulgrave St., IE LIMERICK lerland

2019115066

CAK Afdeling Buitenland Team Buitenland Verbindingsorgaan

Prinses Beatrixlaan 7 2595 AK Den Haag Postbus 84030 2508 AA Den Haag www.hetcak.nl infovz\_administratie@hetcak.nl

T 0031 88 711 5551

Contactpersoon mw. N. Knaap T 0031 88 711 4871

Date

5 December 2019

Subject Settlement of costs based on lump sums for persons with convention

rights who lived in the Netherlands in the year: 2017

claim reference VBO/0623/2017HV00

Our reference VBO/0623/2017HV00

Documentnumber 2019115066

Dear Sir/Madam,

In our letter dated 23 October 2018 we sent you our principal claim for the year 2017.

On 23 October 2019 the average costs for the year 2017 were published in the Official Journal of the European Union. The total claim is indicated in the appendix, based on the published average costs.

Please transfer the sum of

EUR 26.425.68

into our account number: IBAN: NL88 ABNA 0535 8200 89 - BIC: ABNA NL2A in the name of "CAK".

Please quote claim reference VBO/0623/2017HV00 when making payment.

Yours sincerely,



CAK P.O. Box 84030 NL 2508 AA Den Haag The Netherlands Date: 19/08/2021

Health Services Executive EU Regulations Office St Joseph's Hospital Mulgrave Street Limerick Ireland

Re: Reimbursement claim for period 1st Semester 2021 in accordance with EU Regulations

### A Chara,

Please find enclosed **52** E125 forms for actual health care provided to eligible persons for the value of €2,373.34

Please make the payment in Euro to:

Beneficiary	HSE Corporate Current
Bank Name	Ulster Bank
Bank Address	College Green, Dublin
Sort Code	985010
Bank A/C	10858678
Swift Code	ULSBIE2D
IBAN	IE61ULSB98501010858678

Please ensure that all transfer fees have been paid and that they will not be deducted from the amount payable to the HSE

If you have any queries on any of the claims listed please confirm the details to euregulations@hse.le

Please quote the Ref No NL0014 when transferring payment.





CAK P.O. Box 84030 NL 2508 AA Den Haag The Netherlands GAK-VBO 18 JULI 2017

Date: 30/06/2017

Health Services Executive
EU Regulations Office
St Joseph's Hospital
Mulgrave Street
Limerick
Ireland

Re: Reimbursement claim for period 1st Semester 2017 in accordance with EU Regulations

### A Chara.

Please find enclosed 129 E125 forms for actual health care provided to eligible persons for the value of €171,616.61

Please make the payment in Euro to:

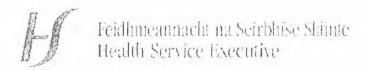
Beneficiary	HSE Corporate Current
Bank Name	Ulster Bank
Bank Address	College Green, Dublin
Sort Code	985010
Bank A/C	10858678
Swift Code	ULSBIE2D
IBAN	IE61ULSB98501010858678

Please ensure that all transfer fees have been paid and that they will not be deducted from the amount payable to the HSE

If you have any queries on any of the claims listed please confirm the details to euregulations@hse.le

Please quote the Ref No NL0006 when transferring payment.





CAK P.O. Box 84030 NL 2508 AA Den Haag The Netherlands -/11/TL\*

Date: 26/06/2020

Health Services Executive EU Regulations Office St Joseph's Hospital Mulgrave Street Limerick Ireland

Re: Reimbursement claim for period 1st Semester 2020 in accordance with EU Regulations

### A Chara,

Please find enclosed 231 E125 forms for actual health care provided to eligible persons for the value of €64,620.02

Please make the payment in Euro to:

Beneficiary	HSE Corporate Current
Bank Name	Ulster Bank
Bank Address	College Green, Dublin
Sort Code	985010
Bank A/C	10858678
Swift Code	ULSBIE2D
IBAN	E61ULSB98501010858678

Please ensure that all transfer fees have been paid and that they will not be deducted from the amount payable to the HSE

If you have any queries on any of the claims listed please confirm the details to eurequiations@hse.ie

Please quote the Ref No NL0012 when transferring payment





CAK P.O. Box 84030 NL 2508 AA Den Haag The Netherlands Shire Die

Date: 22/12/2020

Health Services Executive EU Regulations Office St Joseph's Hospital Mulgrave Street Limerick Ireland

Re: Reimbursement claim for period 2nd Semester 2020 in accordance with EU Regulations

### A Chara,

Please find enclosed 82 E125 forms for actual health care provided to eligible persons for the value of €70,902.77

Please make the payment in Euro to:

Beneficiary	HSE Corporate Current	
Bank Name	Ulster Bank	
Bank Address	College Green, Dublin	
Sort Code	985010	
Bank A/C	10858678	
Swift Code	ULSBIE2D	
IBAN	IE61ULSB98501010858678	

Please ensure that all transfer fees have been paid and that they will not be deducted from the amount payable to the HSE

If you have any queries on any of the claims listed please confirm the details to eurequiations@hse.ie

Please quote the Ref No NL0013 when transferring payment.

Is Mise le meas .



CAK
P.O. Box 84030
NL 2508 AA Den Haag
The Netherlands

2 /11/11

Date: 08/12/2021

Health Services Executive EU Regulations Office St Joseph's Hospital Mulgrave Street Limerick Ireland

Re: Reimbursement claim for period 2nd Semester 2021 in accordance with EU Regulations

### A Chara,

Please find enclosed 37 E125 forms for actual health care provided to eligible persons for the value of €1,587.80

Please make the payment in Euro to:

Beneficiary	HSE Corporate Current	
Bank Name	Ulster Bank	
Bank Address	College Green, Dublin	
Sort Code	985010	
Bank A/C	10858678	
Swift Code	ULSBIE2D	
IBAN	IE61ULSB98501010858678	

Please ensure that all transfer fees have been paid and that they will not be deducted from the amount payable to the HSE

If you have any queries on any of the claims listed please confirm the details to <a href="mailto:euregulations@hse.ie">euregulations@hse.ie</a>

Please quote the Ref No NL0015 when transferring payment.



CAK 180



1] 4 DEC. 2017

Health Services Executive
EU Regulations Office
St Joseph's Hospital
Mulgrave St.
Limerick
euregulations@hse.ie
6/12/2017

CAK P.O. Box 84030 NL 2508 AA Den Haag Netherlands

Re:

Regulation 883/04 (EEC), Regulation 987/09 (EEC) Introduction of Inventory for 2016 - NL/E127/2016 rev

Dear Sir/Madam,

I refer to my letter dated 24/11/2017.

I now include revised summary information outlining the number of claims, and number of months claimed by age grouping as follows:

Age Grouping	Number of Claims	Total Months Claimed
Under 20	1	12
20-64	36	312
65 and over	117	1257
Total	154	1581

Please acknowledge receipt of this document quoting the above reference. If you have any query in relation to the attached please contact the EU Regulation Office at e-mail <u>euregulations@hse.ie</u>

ls Mise le meas

## 2 1 JUNI 2017



(20) ) 12 = 15/1-10/12

Health Services Executive EU Regulations Office St Joseph's Hospital Mulgrave St. Limerick

8/6/2017

CAK Prinses Beatrixlaan 7, 2595 AK Den Haag, Antwoordnummer 91041, 2509 VC Den Haag

Re: Reimbursement of 'benefits in kind' based on lump sum costs for pensioners and their family members and family members of insured workers for year 2013.

Ref EU Regs/2013-1/E127-NLD

Dear Sir/Madam,

Please be advised that the amount owed by your country to Ireland for the above mentioned year is indicated below.

This total amount is determined as per the number of months as illustrated on page 2 of this invoice

	Number of Months	Average Cost per month	Total
Pensioners/Family members	1039	€506.21	€525.952.20

We hereby request you submit to our bank the above amount using the following information

Beneficiary	HSE Corporate Current	
Bank Name	Ulster Bank	
Bank Address	College Green, Dublin	
Swift Code	ULSBIE2DXXX	
IBAN	IE61ULSB98501010858678	

Please ensure that all transfer fees are paid and are not deducted from the amount paid to the HSE. If you have any query in relation to the attached please contact the EU Regulation Office at e-mail <u>euregulations@hse.ie</u>

Please quote the Ref No EU Regs/ when transferring payment.

Is Mise le meas

National Coordinator for EU Regulations



Health Service Executive, EU Regulations Office, St. Joseph's Campus, Mulgrave Street, Limerick, V94 C8DV, Ireland Email: euregulations@hse.ie

2 D MUV. 2018

Our Reference: EU REGS 2017-1PR/E127NLD

P.O. Box 84030

NL 2508 AA Den Haag

Netherlands

0523/2017 HV00

Date: 15/11/2018

Re: Regulation 883/04 Article 35 (EC) and Regulation 987/09 Article 63.2.b (EC) Introduction of Inventory for 2017 - EU REGS2017-1PR/E127NLD

A Chara,

Please find below a summary of the number of months for which benefits in kind were provided in Ireland to Pensioners and their Family Members during the calendar year 2017.

The relevant E127 forms and a summary inventory are attached.

Once the average costs for 2017 are published in the Official Journal of the European Union we will contact you regarding the outstanding amount.

The number of months is as follows:

Age Grouping	Number of Claims	Total Months Claimed	
Under 20	11	111	
20 to 64	35	370	
65 and over	145	1589	
Total	191	2070	

Please acknowledge receipt of these documents quoting EU REGS2017-1PR/E127NLD

If you have any queries or comments regarding the enclosed information please contact euregulations@hse.ie.

ls mise le meas,



CAK P.O. Box 84030 NL 2508 AA Den Haag Netherlands

Date: 22/11/2017

Health Service Executive, EU Regulations Office, St. Joseph's Health Campus, Mulgrave Street, Limerick, V94 C8DV, Ireland

Email: euregulations@hse.ie

CAK-VBO

0 3 DEC. 2018

027 /2015/1W10

Re: Regulation 883/04 Article 35 (EC) and Regulation 987/09 Article 63.2.b (EC) Introduction of Inventory for 2015 – EU REGS 2015-1PR/E127NLD

A Chara.

Please be advised that the amount owed by your country to Ireland for **2015** is indicated below. The relevant E127 forms and a summary inventory are attached.

The number of months and costs are as follows:

Age Grouping	Number of Claims	Total Months Claimed	Cost
Under 20	5	56	€5,517.68
20 - 65	38	435	€70,130.70
65 and over	119	1293	€769,011.75
Total	162	1784	€844,660.13

Please acknowledge receipt of these documents quoting the above reference to euregulations@hse.ie.

We hereby request you submit to our bank the above amount using the following information

Beneficiary	HSE Corporate Current
Bank Name	Ulster Bank
Bank Address	College Green, Dublin
Swift Code	ULSBIE2DXXX
IBAN	IE61ULSB98501010858678

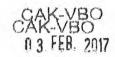
Please ensure that all transfer fees are paid and are not deducted from the amount paid to the HSE. If you have any query in relation to the attached please contact the EU Regulations Office at e-mail euregulations@hse.ie

Please quote the Ref No EU REGS 2015-1PR/E127NLD when transferring payment.

ls mise le meas,

National Coordinator EU Regulations





Health Services Executive
EU Regulations Office
St Joseph's Hospital
Mulgrave St.
Limerick
22/12/2016

Zorginstituut Nederland, Eekholt 4 – 1112 XH Diemen, Post-box 320 NL-1110 AH Diemen, Netherlands 0523/2012 NVC0

Re: Reimbursement of 'benefits in kind' based on lump sum costs for pensioners and their family members and family members of insured workers for year 2012 Ref - EU Regs/ 2012/E127-NLD

Dear Sir/Madam,

Please be advised that the amount owed by your country to Ireland for the above mentioned year is indicated below.

This total amount is determined as per the number of months as illustrated on page 2 of this invoice

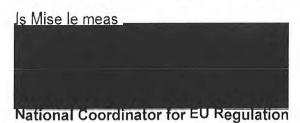
÷	Number of Months	Average Cost per month	Total
EU Regs/ 2012/E127-NLD	629	515.66	324350.14

We hereby request you submit to our bank the above amount using the following information

Beneficiary	HSE Corporate Current
Bank Name	Ulster Bank
Bank Address	College Green, Dublin
Swift Code	ULSBIE2DXXX
IBAN	IE61ULSB98501010858678

Please ensure that all transfer fees are paid and are not deducted from the amount paid to the HSE. If you have any query in relation to the attached please contact the EU Regulation Office at e-mail <u>euregulations@hse.ie</u>

Please quote the Ref No EU Regs/ 2012/E127-NLD when transferring payment.





Health Service Executive, EU Regulations Office, St. Joseph's Campus, Mulgrave Street, Limerick. V94 C8DV, Ireland Email: euregulations@hse.ie CAK-VBO

0 1 DEC. 2017

Our Reference: EU Regs/2014-/E127/NLD

5/2014 HV Date: 24/11/2017

CAK P.O. Box 84030 NL 2508 AA Den Haag Netherlands

Re: Reimbursement of 'benefits in kind' based on lump sum costs for pensioners and their family members and family members of insured workers for year 2014

### Dear Sir/Madam,

Please be advised that the amount owed by your country to Ireland for the above mentioned year is indicated below.

This total amount is determined as per the number of months as illustrated on page 2 of this invoice:

	Number of Months	Average Cost per month	Total
Pensioners/Family members	1339	€507.03	€678913.17

We hereby request you submit to our bank the above amount using the following information:

Beneficiary	HSE Corporate Current
Bank Name	Ulster Bank
Bank Address	College Green, Dublin
Swift Code	ULSBIE2DXXX
IBAN	IE61ULSB98501010858678

Please ensure that all transfer fees are paid and are not deducted from the amount paid to the HSE. If you have any query in relation to the attached please contact the EU Regulations Office at euregulations@hse.ie.

Please quote the reference number EU Regs/2014-/E127/NLD when transferring payment.

ls Mise le meas,



Health Services Executive EU Regulations Office St Joseph's Hospital Mulgrave St. Limerick 25/11/2016

0523/2011/NVO/ VZ-S&A 14 DEC. 2016

College voor Zorgverzekeringen Eekholt 4 - 1112 XH Diemen Post-box 320 NL - 1110 AH Diemen, Netherlands

Re: Reimbursement of 'benefits in kind' based on lump sum costs for pensioners and their family members and family members of insured workers for year 2011 Ref - EU Regs/ 2011/E127/2-NLD

Dear Sir/Madam,

Please be advised that the amount owed by your country to Ireland for the above mentioned year is indicated below.

This total amount is determined as per the number of months as illustrated on page 2 of this invoice

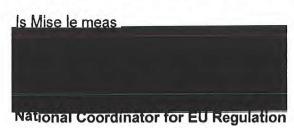
	Number of Months	Average Cost per month	Total
EU Regs/ 2011/E127/2-NLD	288	535.77	€154,301.76

We hereby request you submit to our bank the above amount using the following information

Beneficiary	HSE Corporate Current
Bank Name	Ulster Bank
Bank Address	College Green, Dublin
Swift Code	ULSBIE2DXXX
IBAN	IE61ULSB98501010858678

Please ensure that all transfer fees are paid and are not deducted from the amount paid to the HSE. If you have any query in relation to the attached please contact the EU Regulation Office at e-mail euregulations@hse.ie

Please quote the Ref No EU Regs/ 2011/E127/2-NLD when transferring payment.



## Mogelijke betwistingen vandithet buitenland / Nederland

- 1. Graag een kopie van het formullier op basis waarvan de verstrekkingen zijn verleend (zie E125, punt 4)
- Betrokkene had geen recht, is ingeschreven per (datum invullen)
- 3. De verstrekkingen zijn (gedeeltellijk) verleen chuiten de geldigheidsduur van het formulier/EHIC
- 4. Betrokkene is overieden per (datum invulllen)
- 5. Er is sprake van prevalerend recht
- 6. Er is dubbel gedeclareerd
- 7. Dekasteniz jin alvoldaan d.m.v. een E126 formulier
- 8. Punt 2 van hiet E1.25 formulieir is niet correct,, graag geldig orgaan invullen
- 9. Dit bedrag of een deel van dit bedrag is rechtstreeks aan de zorgverlener voldaan
- 10. Minbedrag kan niet gekoppeld worden aan een eerder ingediend positief bedrag
- 11. Het declaratiebedrag op het £125 iszeerhooig, graag een verklaring van deze kosten
- 12. Graag een voorlopige EHIC opvragen bij het orgaan vermeld onder punt 2 van het formulier 125. Volgens het buitenlands verbindingsorgaan is de EHIC (vermeld
  - 14. Geen recht op basis van de opgegeven EHIC, zie bijgeleverd bewijs van de datum afgifte EHIC door buitenlands orgaan (bv. printscreen/afgifte brief etc.). De 13. Anders, zie aanvullende opmerking
- geldigheidsduur van de EHIC walt dus (gedeellteiflik) buiten de periode waarin de kosten zijn gemaakt. Graag uw akkoord met het in mindering brengen van de kosten 15. Betrckkene is verzekerd op basis van eem 1106/E121 formulier bij zorgverzekeraar CZ, s.v.p. afhandelen met CZ. Graag uw akkoord met het in mindering

# Mogelijke antwoorden op betwistingen door Nederland / buitenland

- 1. Kopie van EHIC, E112, £106, E123 of voorlopig verzekeringsbewis bijgevoegd
  - 2. Kopie en) van de nota ('s) bijgevoegd
- 3. Kopie van EHIC, E112 of voorlopig verzekeringsbewijs en kopie(ën) van de nota('s) bijgevoegd
- 4. Het E125 formulier is handmatig aange jast. Kopie verzekeringsbewijs en aangepast E125 formulier bijgevoegd
  - 5. De verzekende is in even andem land verzekend, graag akkoord met in mindering brengen
- 6. Een gedige EHC is een garamtie tot betaling. De geld gheid van de EHIC was niet verlopen op het moment van de zorgverlening. Ter informatie is een kopie van
  - 7. Ce kosten zijn be aald op grond van een geld ig verzekeringsbewijs. Het verzekeringsbewijs is binnengekomen met de nota. Ter informatie is een kopie van 8. Hetbedrag is dubbe' gedeclareerd, graag alkbord met in mindering brengen
    - 9. Het bedrag is dubbelgedeclareerd, maar inmiddels gecorrigeerd
- 10. Er is geen sprake van een dubbele decaratie. Kopieën van de nota's zijn bijgevoegd
- 11. De kostem zijin durbbell gedleclareerd met hett E1.25 formulier, graag akkoord met in mindering brengen
- 12. Er is geen sprake van genidubbele deciaratie met het E126 formulier. Kopieen van de nota's zijn bijgevoegd
- 13. Er wordt aangegeven dat er recht is volgens het formul er E106/E121. Wij zijn hiervan niet op de hoogte. De kosten zijn betaald op grond van een geldig verzeke ingsbewijs. Het verzekeringsbewijs is destijds binnengekonen met de nota. Zaals u weet geldt voor de zorgverlener en voor ons dat een geldig
  - 14. Verzekerce is overieden per (datum). De overlijdensdatum heeft geen invloed op het gedeclareerde bedrag. Dit is een vastgesteld bedrag per DBC
- 15. Er wordt aangegeven dat de kosten voor zieken huis opnames moeten worden gespecificeerd. Het E125 formulier hebben wij handmatig aangepast en kopiën 16. Bij het invoeren van het verzekeringsbewijs hebben wij de geldigheidsperiode niet goed geregistreerd. Daardoor is er geen geldig verzekeringsbewijs voor de
  - 17. Anders, zie aanvullende reactie
- 18. Kapie E106, E108, briefbijgevoegd
- 19. Reeds in mindering gebracht, zie credit 1215-formulier nr:

Verdragsgerechtigden	Setaald over jaar / betaald in jaar	2017	2	2	2018	77	2019	2020	20	2021	17	totaal per zorgiaar	zorgiaar
		VB	WU	VB	WU	VB	WU	VB	WU	VB	MU		
lerland betaald aan Nederland	20110		€ (854,00)									Ę	(854,00)
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			-	e	و							¥	5.147,74
	tuc		€ 21.548,61	e)	Ę		€ (319,70)		€ 371,59			w.	38.739,26
	uə		€ 9.835,39	€ 16.060,54	E				E C			(ii)	78.636,77
	361				€ 55.003,46		€ 27.581,24	€ 19.435,76	w			E	109.982,52
	ipa						€ 9.000,16	+	€ 70.985,03	€ 26.425,68	نب	ę	106.684,97
									€ 79.522,67		€ 16.897,40	¥	96.420,07
	2019										¥	E	71.388,42
			£ 31829,26	€ 32938,10	€ 109.291,99		€ 38023,60	€ 19.435,76 €	€ 159.400,97	€ 26.425,68	€ 88.559,92	ę	505.885,28
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	2020)										€ ▲ 288,56	•	288,56
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		€ 978.829,84		€ 639.950,82		€ 796.711,16		€ 1.693.350,96	€ 9.973,00	€ 20.130,39	€ 288,56	€ 4	4.139.234,73
Verdragsgerechtigden	Gevorderd over jaar / gevoudlerd in jaar	7017	7	2	2018	20	2019	20	2020	2021	11	totaal	
		VB	WU	VB	NN	VB	NN	VB	MU	VB	MU		
Nederland vordert bij lerland	201.1		€ 22,38									w	22,38
			€ 2:05,96									Ę	205,96
	uəş		€ 521,85									W	521,85
	2014		€ 2.233,26		€ 370,93							¥	2.604,19
			€ 23.580,36	€ 16.060,54	€ 1.846,15	*	€ 492,39				€ 20,42	¥	41.999,86
	v na		€ 55.571,45			€	Ę				€ 138,41	Ę	110,916,64
	āui				€ 49.638,80	€ 26.425,68	ų.		€ 274,10		€ 151,53	¥	107.008,58
	der						€ 79.558,09					Ę	98.836,06
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gen a.a.v. im EU vastgestelde Kostprijs

VB: Vaste Bedragen WU: Werkelijke Uitgaven

### WUVO Vorderingen 2017-2021

### Gevorderind in

Totaal

2017	1049/WU	€ 27.482,09
2017	1151/WU	€ 54.653,17
		€ 82.135,26
2018	1152/WU	€ 38.702,10
2018	1155/WU	€ 43.422,39
		€ 82.124,49
2019	1156/WU	€ 54.561,32
2019	1158/WU	€ 61.510,04
		€ 116.071,36
2020	1161/WU	€ 41.419,85
2020	1162/WU	€ 48.178,04
		€ 89.597,89
2021	1164/WU	€ 51.953,69
2021	1166/WU	€ 65.473,85
		€ 117.427,54
		€ 487.356,54