

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

Please use the online claim form on www.zk.nl/gbr to submit your bills. Do you prefer to submit your bills by mail? Please send this reimbursement form and the invoice(s) 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

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	