



Claim form Healthcare Insurance

You can use this declaration form for your health insurance claims. Please fill in all the requested details and make a copy for your own administration. You can download a new form on www.students-insurance.eu.

INSURED

Name _____
Address _____
Telephone _____
E-mail _____
Programme/institute _____
End of study _____
Certificate number F _____

PAYMENT

Please pay by way of a Dutch

☐ Bank account nr. _____ In the name of _____
☐ Giro nr. _____ In the name of _____

Any other way of payment is not possible.

Additional information

Do you have any other insurance that may be covering the medical costs as currently claimed?

- ☐ Yes
☐ No

If so, please give us the name of the insurance company and your policy number.

Insurance company _____
Policy number _____

ACCIDENT

Are the costs related to an accident?

- ☐ Yes
☐ No

If a third party was involved please fill in their details here:

Name _____
Address _____
Telephone _____
E-mail _____

ANY FURTHER REMARKS

For additional comments, remarks, questions, etc. please send an e-mail to students@aon.nl.

CLAIMS

Please fill in the other side to complete your claim.

CLAIMS

Please enclose the original invoices and note: only original, specified invoices will be accepted. No reimbursement will take place on the basis of reminders, copies, duplicates or unspecified invoices.

	Claim (doctor/pharmacy/ hospital)	Reference/invoice number (Not mentioned, leave open)	Date of treatment	Amount (mention currency if other then EUR)	Payment should be made to (doctor/pharmacy/ hospital or myself)	Code Aon (Do not fill in, applies to Aon only)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

In case of treatment by a medical specialist a written referral from your family doctor is required. In order to get an authorization for admission into a hospital a statement from your specialist with a medical diagnosis is required.

SIGNING

_____	_____
Date	Signature

RETURN ADDRESS

Please send this form to Aon Consulting, Expatriate Services, P.O. Box 1005, 3000 BA Rotterdam, The Netherlands.

