

# OHRA Zorgverzekering

## International claim form

### Policyholder

Name of policyholder	<input type="checkbox"/> M <input type="checkbox"/> F
Address	
Postal code / Town/city	

Submit your claim for healthcare costs quickly and easily using the 'OHRA' app (in Dutch). We would prefer you to submit your invoices electronically. Visit [www.ohra.nl/zorgverzekering](http://www.ohra.nl/zorgverzekering) (in Dutch) to read how to do it.

Make sure you complete the form in full, otherwise we will not be able to process your claim. Given that this form will be processed automatically, do not write any additional comments on it. Please send the form, along with the original invoices to: OHRA Zorgverzekeringen NV, Postbus 5062, 5004 EB TILBURG, NETHERLANDS

We will only reimburse the costs to which you are entitled under the terms and conditions of your insurance policy. If we proceed to reimburse costs, we will pay the amount into the bank account that we have on file for the policyholder.

### Who has received treatment?

Customer number	<input type="checkbox"/> M <input type="checkbox"/> F
Date of birth	
Name	

### If there are invoices for multiple insured persons, please complete a separate form for each insured person.

We accept invoices in the following languages: Dutch, English, German, French and Spanish. If your claim relates to an invoice in another language, please enclose a translation. Without a translation, we may not process your invoice. The costs involved in having an invoice translated are not eligible for reimbursement. Make sure that handwritten invoices are clearly legible.

### Enter the amount in the currency used on the invoice *(You do not have to convert the amount to euros)*

Invoice date / bill date	
Name of doctor and/or facility name	
Currency	
Amount	

Your invoice must be specified in such a way that we can process it in accordance with the terms and conditions of insurance, without further query or investigation. The healthcare provider must include at least the following on the invoice:

- name and address of the healthcare provider;
- name and date of birth (of the person incurring the costs);
- type of treatment and amount claimed per treatment;
- treatment dates;
- name of the medicine and the quantity, strength, administration method and price of each medicine.

In what country were the costs incurred?	
What was the reason for your stay abroad?	<input type="checkbox"/> Personal (a holiday / spending the winter abroad / visiting family) <input type="checkbox"/> Studies <input type="checkbox"/> Residence / work <i>(you can skip questions 3, 7, 8 and 10)</i> <input type="checkbox"/> Medical treatment
What were the dates of your stay in abroad?	_____ to _____
What was the reason for your stay abroad?	<input type="checkbox"/> General practitioner care <input type="checkbox"/> Oral care <input type="checkbox"/> Specialist healthcare (such as from a cardiologist, ophthalmologist, internist) <input type="checkbox"/> Alternative healthcare (such as osteopathy, chiropractic treatment, acupuncture) <input type="checkbox"/> Other, please specify _____

Were you admitted to hospital?	<input type="checkbox"/> No / not applicable <input type="checkbox"/> Yes, 1 day <input type="checkbox"/> Yes, several days from _____ to _____
In order for us to be able to quickly assess whether the healthcare is covered by your insurance and whether your situation gives reasonable medical grounds for this healthcare, please submit a medical report from the doctor who treated you abroad explaining the reasoning behind the healthcare provided. Do you have a treatment report from the doctor who treated you abroad?	<input type="checkbox"/> Yes. Please enclose the treatment report <input type="checkbox"/> No. Explanation of the treatment:
Did you (in case of a scheduled treatment at a hospital or a medical specialist) have a referral?	<input type="checkbox"/> Yes. Please enclose the referral. A referral is compulsory for scheduled treatment at a hospital or by a medical specialist. <input type="checkbox"/> Yes, I have already sent you the referral. <input type="checkbox"/> No
Did you notify the OHRA Hulpdienst or your travel insurer's emergency centre?	<input type="checkbox"/> Yes. The OHRA Hulpdienst / emergency centre: If you know it, please provide the case number: <input type="checkbox"/> No
Did you show the healthcare provider an S2 form, or a European Health Insurance Card (EHIC) or 111 form?	<input type="checkbox"/> Yes, an S2 form <input type="checkbox"/> Yes, an EHIC or 111 form <input type="checkbox"/> No <input type="checkbox"/> Don't know
Did you have travel insurance with medical cover when you were treated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Yes. With what travel insurer or intermediary?	
What is the policy number?	

### OHRA will only accept original invoices and no other receipts

Advance payment invoices, card receipts or statements (such as from the United States, Canada or South Africa) are not invoices. If you were treated in Belgium and you were given an invoice and a certificate, please submit both.

**We keep all invoices we process on file**, including those that are not reimbursed or not reimbursed in full. If necessary, make a copy of this form and your invoices for your own records.

### Need to make changes?

Simply give OHRA Customer Services a call on +31 (0)26 400 40 40 or go to [www.ohra.nl/zorgverzekering](http://www.ohra.nl/zorgverzekering) (in Dutch). If you use 'Mijn OHRA Zorgverzekering' (in Dutch), you can change your details online.

### I hereby declare that I have read and understood the content of this form. I also declare that the information I have provided is accurate and complete.

For invoices and information that relate to a co-insured person, I declare that I am authorised to represent this co-insured person and that the co-insured person has given me, to the extent required, permission to submit these invoices and provide the associated information. (Please note: permission is not required in the case of the policyholder's children up to the age of 15.)

Datum	
Handtekening	

OHRA Zorg is een handelsnaam van Distributie Zorgverzekeringen B.V. - KvK 18115656 Postbus 40000 - 6803 GA Arnhem - Rijksweg West 2 - [www.ohra.nl](http://www.ohra.nl)  
Tel. 026 400 40 40. OHRA Zorg is bemiddelaar voor OHRA Ziekttekostenverzekeringen N.V. KvK 09067645, deze NV behoort tot de CZ groep te Tilburg

Wil je meer weten over de OHRA zorgverzekering?  
Kijk op [www.ohra.nl/zorg](http://www.ohra.nl/zorg)

