



Name: .....

Address: .....

Postal code/town/city: .....

Telephone number: .....

Customer number: .....

**1. Where do you intend to get treatment? Please also specify the medical specialist who would be treating you.**

Hospital name: .....

Town/city: ..... Country .....

Specialist name: .....

**2. For what condition or symptoms are you seeking treatment?**

.....

.....

.....

Care that is on the list of Applying for care abroad must always be requested. This includes all treatments with an admission of 1 or more nights. You can find the list on [www.cz.nl/vergoedingen/buitenland-geplande-zorg](http://www.cz.nl/vergoedingen/buitenland-geplande-zorg) (information in Dutch).

**3. For which treatment do you want to be eligible?**

.....

.....

**4. How will you receive this treatment?**

- Outpatient consultation
- Second opinion
- Examination
- Day treatment
- Hospitalisation

**5. Why are you seeking treatment abroad?**

.....

.....

.....

**Medical grounds (to be completed by the attending doctor)**

To be able to process the application, we need a specification of the medical grounds by the attending doctor and a description of the treatment proposed. It is important for your doctor to provide a detailed description of the condition.

**1. What is the (likely) diagnosis/nature of the condition?**

.....  
.....  
.....

**2. What treatment should the insured person undergo in your opinion?**

.....  
.....  
.....



Town/city and date: .....

Specialist name: .....

Hospital: .....

**Provisional cost estimate**

To be able to assess your application, we also need a provisional cost estimate. Please provide as many details as possible in the table below.

<b>The procedure(s)</b>	<b>The estimated costs</b>
If you will be admitted, please also specify the expected number of days you will be in hospital	
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
<b>Total amount (preferably in euros)</b> .....	