Claim Form
Medical Expenses

Did you know that you can also submit your healthcare claims online? See: www.oominsurance.com/myoom

How to send the form?

By post from the Netherlands: Freepost number 10231, 2280 WR RIJSWIJK

By post from outside of the Netherlands: PO Box 3036, GA RIJSWIJK, THE NETHERLANDS

Personal information

Policy number .....

Name of policy holder .....

Telephone number policy holder .....

Email address .....

Bank details

Account number / IBAN (EU) .....

Account holder's name .....

Account holder's city .....

For payments to a non-European bank account, please include the following:

Account number .....

ABA (VS) .....

BIC .....

Bank's name .....

Bank's city .....

Invoice details (please include the original invoices with this form)

Type of doctor/health care professional	Date of treatment	Currency	Amount	Accident?*
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

*If 'yes', please also complete the accident report form.

gespecialiseerde verzekeringen

Invoice infomation

If you are claiming for multiple family members, please complete this page for each person separately.

Name of insured person .....

Date of birth .....

For which complaints has the insured person been treated? .....

.....

.....

On what date did the complaints start? .....

.....

.....

What is the doctor's diagnosis? .....

.....

.....

Has the insured person ever sought medical help for these complaints/this condition in the past? ☐ No ☐ Yes Date: .....

What was the result? .....

.....

.....

Does the insured person have a health insurance policy with another company? ☐ No ☐ Yes

☐ Dutch national health insurance ☐ Other

Company .....

Policy number .....

Are other costs likely as a result of the symptoms/complaints mentioned above? ☐ No ☐ Yes

Clarification .....

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In order to confirm your right to compensation, the information on this form is available to your claim handler.

Signature

The policy holder (name): .....

states that he/she has completed this form fully and truthfully.

Date: Signature:

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The processing of personal data comes under the "Processing of Personal Information by Financial Institutions" Code of Conduct (Gedragscode "Verwerking Persoonsgegevens Financiële Instellingen"). The produced data can be processed in the Central Information System of the insurance companies active in the Netherlands, owned by the CIS Board (Stichting CIS), established at Borderwijklaan 2, 2591 XR Den Haag, www.stichtingcis.nl. Registration of this processing of personal data took place on August 9th 2002 by the Board for the Protection of Personal Data (College Bescherming Persoonsgegevens) (registration number 1029513)

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