

XHI claim form



1 General

Name: _____

Address: _____

Postal code/place of residence: _____

Country: _____

Policy number: _____

Contract/administration number: _____

2 Invoices

Claim number internetsite	Date of birth of the insured party who received treatment	Treatment description	Already claimed through internet	Accident*	Invoice total original currency*
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
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			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

Total amount _____

** Explanatory notes are on the back of this form*

Do not forget to make copies for your own records

I declare that I have completed this form truthfully and that I have enclosed only original invoices made out in the name of the insured parties.

Date of submission: _____ Telephone number on which I can be contacted during the day: _____ Signature: _____

Please send the completed form to: XHI, International Competence Center P.O. Box 31400, 2200 GS Noordwijk, The Netherlands.

Explanatory notes

If you would like your claims to be dealt with quickly, please take note of the following:

Please only submit original invoices. We are unable to process (photo)copies and payment reminders. The invoices you submit will not be returned to you. We therefore advise you to make copies for your own personal records. Please enclose any letters of referral and/or prescriptions issued by your doctors with the invoices you send us.

Please consult your insurance policy terms and conditions to find out for which costs prior permission is required. Please contact us if it transpires that you have not applied for permission beforehand.

Please send us invoices at regular intervals. Do not, in any case, wait too long before submitting them. Do not save all your invoices until the end of the year. After processing we will send you a specification of the invoices submitted.

Explanatory notes to the columns 'Accident' and 'Invoice total in original currency'

'Accident'

Please indicate with a cross whether the costs being declared are the result of an accident caused by a third party. You do not need to provide any additional information at this stage. If you are in any doubt please enter a cross in the 'yes' box. We will process your claim and then contact you for any further information we may require.

'Invoice total in original currency'

Here you can indicate whether the invoice has been made out in a foreign currency or euros. Please fill in the correct column.