

CLAIMS FORM for TURIEN & Co. (LIC Health Plan, etc.)

For quick processing please follow the below mentioned instructions.

1. Please use ballpoint or pen and write clearly in block letters.
2. Please send only original invoices, but not more than 10 per claims form.
Since Turien does not return any invoices, please make sure to make copies.
3. In any case, submit your claims within 12 months after receipt of the invoices.
Please use separate claims forms for different calendar years.
4. If you send invoices to Turien for medical treatment abroad, please see to it that the correct currency is mentioned on the claims form. Payment will be made in euros based on the rate of exchange of the day of treatment.
5. Reimbursement will only be made for invoices written in Dutch, French, German, English or Spanish.
For other languages insurer requires a proper translation of the invoice(s) concerned.
6. We kindly request you to submit the invoices in order of date, preferably stapled to the claims form.
7. For settlement of the invoices submitted Turien needs one bank account number to which all reimbursements should be transferred. Please do not change this number.
8. In the column "accident" you should only mark "yes", if the accident is caused by a third party. Turien will then reclaim your expenses from that party.
9. If desired Turien can pay invoices directly to the medical provider in Holland, but only if the full amount is covered; in that case please mark "medical provider" in the column "please pay to". These bills must always be sent to Turien immediately after you have received them.

N.B. Please do not send small bills one by one, as the administrative costs are sky high.

Please complete the following section and send to:

Turien & Co, Postbus 216, 1800 AE Alkmaar.

Name:

Full address:

Client number	Policy no.	Agent no.	Bank account no.
		1662	

	Name medical provider	Invoice no.	Initials	Date of birth	Amount	Please pay to:		Accident?	
						Myself	Medical provider	Yes	No
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total									

Date submitted:

Signature

Can be reached on telephone no:

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