

OVERSEAS CONTACT

Chantal Bleyaert (NI)
02 509 20 18

Olivier Auguster (Fr)
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ADDRESS

Victor Hortaplein 11
1060 Brussels

Overview of the medical expenses for reimbursement under the complimentary medical care contract

PLEASE FILL IN ONE SHEET PER BENEFICIARY AND PER COUNTRY !

Original documents should be sent by post to:

**RSZ – Overzeese sociale zekerheid
Dienst Geneeskundige verzorging
Victor Hortaplein 11 – 1060 BRUSSEL**

Registration number: E- _____

Policyholder:

Name and first name of the beneficiary:

| | | Origin expenses (country): | Sent on: ____/____/____ | |
|----|----------------|----------------------------|-------------------------|----------|
| | Date | Nature of the care | Amount | Currency |
| 1 | ____/____/____ | | | |
| 2 | ____/____/____ | | | |
| 3 | ____/____/____ | | | |
| 4 | ____/____/____ | | | |
| 5 | ____/____/____ | | | |
| 6 | ____/____/____ | | | |
| 7 | ____/____/____ | | | |
| 8 | ____/____/____ | | | |
| 9 | ____/____/____ | | | |
| 10 | ____/____/____ | | | |

Correspondence address of the policyholder:

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E-mail address:

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Account holder

Name: First name:

1. Account in the EEA 2. Account outside the EEA

Account number

IBAN: _____ - _____ - _____ - _____

BIC: _____

Name and address of the bank:

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Done at on ____/____/____

Signature