



Name:

Address:

Postcode / 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?

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

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4. How will you receive this treatment?

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

5. Why are you seeking treatment abroad?

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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?

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

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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.

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