You are insured abroad and temporarily staying in the Netherlands

Welcome to the Netherlands! You may need some form of care during your stay in the Netherlands. This brochure serves to explain some of the questions you may have.
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You are entitled to a reimbursement if

- you have a healthcare insurance in a country with which the Netherlands has agreements;
- you have a valid international insurance certificate;
- you receive medical care that is covered within the basic health insurance or the Long-Term Care Act.

In some situations you need a Dutch healthcare insurance

For example you need a Dutch health insurance if:

- you work in the Netherlands for a Dutch employer and pay income tax. Also inform your own foreign healthcare insurance company of this. In this situation, you may not use an international insurance certificate.
- you are a resident of the Netherlands.

Are you unsure if you are a resident of the Netherlands? Or if you need a Dutch healthcare insurance in the Netherlands? Please contact us.

If you need a Dutch healthcare insurance we cannot take care of your healthcare costs.

You will receive a refund if you have a healthcare insurance in 1 of these countries:

**Countries from the European Union (EU) and the European Economic Area (EEA):**

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Germany
- Finland
- France
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Liechtenstein
- Lithuania
- Luxembourg
- Malta
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- The United Kingdom of Great Britain and Northern Ireland

**Other countries:**

- Australia
- Bosnia-Herzegovina
- Cape Verde
- Macedonia
- Montenegro
- Serbia
- Tunisia
- Turkey
- Switzerland

How are you insured in the Netherlands?

You are insured via your own healthcare insurance company. Your country has a treaty with the Netherlands. You will therefore be refunded for your healthcare in the Netherlands. The Dutch government asked Zilveren Kruis to take care of the reimbursement.
You will need an international insurance certificate before you go to the Netherlands.

Ask your healthcare insurance company for an international insurance certificate. Do you already have an international insurance certificate? Then make sure that the certificate is still valid.

There are various international insurance certificates.

If you live within the EU, the EEA countries or Switzerland:

- European Health Insurance Card (EHIC)
  With this card you will receive treatment for unexpected complaints during your stay in the Netherlands
- Temporary certificate replacing of the EHIC
  Have you lost the EHIC or has the EHIC been stolen? Then you can request a temporary certificate from your healthcare insurance company.
- Form S2 (formerly E112)
  Are you coming to the Netherlands specifically for a treatment? Then before your departure you must request this form from your healthcare insurance company, because your healthcare insurance company must grant permission for this treatment.
- Form DA1 (formerly E123)
  Do you have an occupational illness or a complaint resulting from your work? Or have you had an accident at work? Then you will need this form in order to receive a refund.

If you live in other countries:

Do you have a healthcare insurance in 1 of the other treaty countries? Then you will only be refunded for emergency treatment in the Netherlands.

You will then need 1 of the following forms:

- Form K/N 111
  If you have a healthcare insurance in Cape Verde.
- Form TUN/N 111
  If you have a healthcare insurance in Tunisia.
- Form RM/NL 111
  If you have a healthcare insurance in Macedonia.
- Form TUR/N 111
  If you have a healthcare insurance in Turkey.
- Form YN 111
  If you have a healthcare insurance in Bosnia-Herzegovina, Montenegro or Servia.
- Insurance certificate A 111
  If you have a healthcare insurance in Australia.

Tip: Bring a copy of your insurance certificate. Your care provider will need this copy.
What will be reimbursed?

You will be reimbursed for medical care that is included in the Dutch basic health insurance. A summary of the most common types of care you will be reimbursed for now follows. You will receive these reimbursements providing you visit a certified healthcare provider. You cannot derive any rights from the information below. It is a brief description of the most common types of care. Do you want to know more? Please contact us.

Care during the birth of your child
You will be reimbursed for the care you receive before, during and after the birth of your child. Would you like to give birth in a hospital, without your doctor or midwife classing this as necessary? Then you will need to pay the hospital bill. You subsequently need to send the bill to us and we will reimburse you € 215.00.

The maternity centre will advise you how much maternity care you are entitled to after you have given birth. You will need to pay your own contribution of € 4.40 for every hour of maternity care.

Dental Care
You are below the age of 18
We will provide reimbursement for all dental care, except crowns, bridges, implants and orthodontic care.

You are 18 years old and above
We will only provide reimbursement for special dentistry. For example, in case of a serious abnormality with your teeth. Your dentist will subsequently charge you an hourly rate. Your dentist will request this treatment from us beforehand.

We will provide reimbursement for new complete upper dentures, complete lower dentures or a complete set of dentures. You will, however, need to pay an own contribution of at least 25%.

We will provide reimbursement for the repair or readjustments of a complete set of dentures. You will need to pay an own contribution of 10%.

We may sometimes provide reimbursement for the costs of implant-supported dentures. This will only apply if you have complete upper dentures, complete lower dentures or a complete set of dentures. You will need to pay an own contribution of 8% for upper dentures. The own contribution for lower dentures is 10%. Do you need implant-supported dentures? Your dentist will request approval from us before the treatment commences.

We do not provide reimbursements for treatments like check-ups or fillings.

GP Care
Reimbursement
- a visit to the GP during surgery hours (a consultation);
- a visit from the GP if you cannot attend the surgery for medical reasons (a home visit);
- advice on the telephone.

No reimbursement
- a flu vaccination;
- a medical assessment;
- costs associated with obtaining a repeat prescription.

Medical Specialist Care
You will need a referral from your GP, dentist, midwife or other specialist for planned medical specialist care. Specialist care includes care provided by a specialist in his or her office or care provided in a hospital’s outpatients department. Specialist care also includes medical care provided by a specialist during a hospital admission. The associated costs will be reimbursed if it’s necessary for you to be admitted to hospital during your stay in the Netherlands.

No reimbursement
- Plastic surgery. We virtually never provide reimbursement for plastic surgery. Your plastic surgeon will therefore need to apply for your treatment from us beforehand. We will inform your plastic surgeon whether we are able to approve the treatment;
- Non-medical circumcision and sterilisation.

Mental Health Care
You are below the age of 18
You will unfortunately not be reimbursed for costs associated with mental health care.

You are 18 years old and above
Do you have any mental health problems? Start off with a visit to your GP. He will decide whether or not you are in need of care, based on your complaints. You will either receive treatment in your GP surgery, or your GP will refer you to Basic GGZ (Mental Health Care) or specialised GGZ.

Basic GGZ treats mild and moderate mental disorders
You will be treated by either a psychologist, psychotherapist or psychiatrist. Your therapist will decide on your treatment. Whether the treatment is reimbursed depends on the kind of treatment. Your therapist will know if reimbursement is possible. Your care provider will need to include the treatment programme or code on the bill.

Specialist GGZ treats more severe mental disorders
This care will be provided by a GGZ institute, psychiatrist, psychotherapist or clinical psychologist. Your therapist will decide on your treatment. Whether the treatment is reimbursed depends on the kind of treatment. Your therapist will know if reimbursement is possible.
Paramedic Care
Paramedic care includes physiotherapy and remedial therapy, pelvic physiotherapy, speech therapy, occupational therapy and dietetics.

Physiotherapy and remedial therapy
The Dutch government has decided for which medical conditions a reimbursement will apply. Your medical condition must be included on the ‘chronic conditions’ list. Your physiotherapist will be able to tell you whether your condition is included.

Your condition is on the list
• Are you below the age of 18? Then all your treatments will be paid for.
• Are you 18 years old or above? Then you will need to pay for the first 20 treatments per medical condition yourself. The rest will be reimbursed.

Your condition is not on the list
• Are you below the age of 18? Then you will be reimbursed for a maximum of 9 treatments per calendar year. It may be possible to extend this with a maximum of 9 treatments per calendar year.
• Are you 18 years old or above? Then you unfortunately will not be reimbursed for any treatments.

Pelvic physiotherapy
Do you suffer from urinary incontinence? And are you 18 years old or above? Then you will receive reimbursement for the first 9 treatments of pelvic physiotherapy.

Speech therapy
All required treatments will be reimbursed. You will not be reimbursed for any treatments required as a result of your dialect or language deficiency.

Occupational therapy
You will be reimbursed for a maximum of 10 hours per calendar year.

Dietary advice
You will be reimbursed for a maximum of 3 hours per calendar year.

Patient Transport
You will not be reimbursed for transport from and to another country
We will only pay for your transport within the Netherlands to a care provider within the Netherlands. We will not pay for your transport from and to a border crossing or airport.

You will be completely reimbursed for ambulance transport in the Netherlands
You will not need to pay any contribution towards this.

You will be reimbursed for transport by car, taxi, or public transport in 5 situations:
• You are undergoing kidney dialysis treatment;
• You are undergoing chemotherapy or radiotherapy;
• You are dependent on a wheelchair;
• You are blind or partially sighted and you cannot travel unaccompanied;
• You are entitled to intensive childcare (up to 18).

You will need to apply for the transport for your treatment from us in writing. You need an application form. This form can be requested by phone or e-mail. Our phonenumber is +31 (0) 33 445 6870. Our e-mailadress is gbr@zilverenkruis.nl. After we received the completed application form we will confirm whether the costs will be reimbursed or not. You will need to pay a personal contribution of €103.00 per calendar year.

Pharmaceutical Care
You will only be reimbursed for medication you will need during your stay in the Netherlands. And providing your doctor has prescribed these for you. You may sometimes need to pay your own contribution too. This may apply, for example, when a product is available which costs less, but which provides the same results. Ask your pharmacist to confirm whether you will be reimbursed for the item.
What is the Long-Term Care Act?

You do not have a Long-Term Care Act insurance. But under certain conditions you are entitled to medical care that is included in the Long-Term Care Act.

The Long-Term Care Act (WLz) regulates long-term care in the Netherlands. Do you require intensive care and supervision throughout the day? You will be reimbursed for your care and supervision. Visit the Centrum Indicatiestelling’s (CIZ) (Assessment Centre) website (www.ciz.nl), where you can find an application form which must be completed.

The application form should be sent to:
CIZ
Team indicatiestelling buitenland
Postbus 84
3970 AB Driebergen

The CIZ will assess whether the LTCA entitles you to reimbursement. The CIZ will look at your application form to assess whether the LTCA entitles you to long-term care reimbursement. You will receive an assessment decision if this proves to be the case. This decision will state which care you are entitled to and for how many hours. The care listed on the decision will be fully reimbursed. However, you will need a valid international insurance certificate.

Do you wish to contact the CIZ?
Please call at +31 (0)88 789 10 00 or e-mail to indicatiestelling.buitenland@ciz.nl

How are payments made?

We usually pay the bill directly to your care provider
You will not need to do anything yourself. Your own healthcare insurer will reimburse us for these costs.

You will sometimes need to pay the bill yourself first
This may be the case when we can only reimburse you for part of the treatment. Or if your care provider does not want to send the bill directly to us. They are not obliged to do this.

You send the bill to us
You can submit your bill via zk.nl/gbr. Do you prefer to send your bill by post?

Please use the declaration form at our website. Send this form together with your bill and insurance form to:
Zilveren Kruis
Groep Buitenlands Recht
Postbus 650
7300 AR Apeldoorn

You must send us the bill within 3 years
It is not possible to receive a reimbursement for bills older than 3 years.
Any questions?

Please do not hesitate to contact us. We would gladly be of assistance.

Please visit
zk.nl/gbr

Call us on
+31 (0)33 445 68 70
You can contact us from Monday to Friday from 08-30 am to 17-00 pm.

Write to
Zilveren Kruis
Groep Buitenlands Recht
Postbus 650
7300 AR Apeldoorn

Email us
gbr@zilverenkruis.nl
We will get in touch with you as soon as possible.

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