



Aevitae  
Postbus 2705  
6401 DE Heerlen

## Application form for accommodation assistance

### Explanation

You can use this form to apply for accommodation assistance. Check that all required questions are answered and the form is signed and dated. Only fully completed forms will be processed. You can submit this form to us by using the contact information at the top and the bottom of this form. In response we will send you a written approval or rejection.

### Patient details (to be filled in by the insured)

Name: \_\_\_\_\_ Initial(s): \_\_\_\_\_ Preposition(s): \_\_\_\_\_  
Address: \_\_\_\_\_ House number: \_\_\_\_\_ Addition: \_\_\_\_\_  
Postal code: \_\_\_\_\_ City: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ BSN: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### 1 Have you already received an approval for travel assistance?

Yes

No

If your answer is "no", please have your general practitioner or medical specialist fill in the application form for travel assistance. You can find this form on our website. Do you need cancer treatment or kidney dialysis? Then your request can also be processed by telephone. Please contact our Service Desk on phone number 088 - 35 35 763.

If you answered "yes" to the question, please proceed to question 2..

### 2 What is your medical indication and which treatment do you need?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3 Where will you be treated?

Please fill in the healthcare provider's name, address, postal code and city:

\_\_\_\_\_  
\_\_\_\_\_

### 4 What is the estimated treatment period?

Start date: \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ End date: \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

5 Treatment frequency: \_\_\_\_ x per week

Treatment duration: \_\_\_\_ weeks/months (please cross out that which does not apply)

### 6 Do you intend to stay at home on days without treatment?

Yes

No

### 7 Which guest address will you use?

Please fill in the name, address, postal code and city of the guest address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8 What is your reason for choosing a guest address during your treatment?**

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*The information provided is complete and correct*

Signature of the insured: \_\_\_\_\_

Date: \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

**Submit the fully completed and signed form to Aevitae:**

- Upload through the online environment (Mijn Aevitae)
- Our email address: [mg@aevitae.com](mailto:mg@aevitae.com)
- Our postal address: **Aevitae**  
Postbus 2705  
6401 DE HEERLEN

Based on the information on this form, Aevitae determines whether there is a right to accommodation assistance. You will receive a written authorization or rejection. Aevitae reserves the right to carry out checks on the accommodation. If accommodation costs have been wrongly reimbursed, the wrongful payment(s) may be reclaimed according to the provisions of the Civil Code.