

## Aevitae

P.O. Box 2705 6401 DE Heerlen mg@aevitae.com

## Form for Medical Declaration for Seated Patient Transport

## Explanation

With this form, you can apply for permission for seated patient transport. O First application Please mark with a cross whether this is a first application or an extension. O Extension application Enter your personal details first and then have your GP or medical specialist complete his/her part. Check that everything is filled in and that both your and your doctor's or medical specialist's signatures are present. We only accept fully completed and signed forms. Then send the form to us. Then send the form to us. You will then receive a written approval or rejection from us. You can find the address at the top and bottom of this form. Personal details (to be completed by the insured person) Name: Infix(es): Suffix: Street: Postal code: Policy number: BSN (Social Security Number): Phone number: Email address: Questions 1 to 8 should be completed by your GP or medical specialist Please indicate below with a cross what is applicable: O The insured person must undergo kidney dialysis O The insured person must undergo oncological treatments with chemotherapy or radiotherapy O The insured person can only move using a wheelchair and does not possess an adapted vehicle The insured person is visually handicapped O The insured cannot move independently or without assistance The insured person has restricted vision. The sight measurement is: Right eye: The insured person does not have restricted vision. The diagnosis is: O The insured must be treated on a number of days per week/month for a longer period: Destination 1 **Destination 2 Destination 3** Number of months the treatment will last: \_\_\_\_\_ \_\_\_\_\_ Number of kilometres from home to treatment, one direction: Average number of days that insured requires transport due to the treatment: \_\_\_\_ per maand O Insured must undergo a transplant. He/she is not the donor but the recipient 2 a Why does the insured person need transport? What is the medical indication?

3 a To which institut					
		s the insured need to be			
Enter the name, addre	ess, postal code and plac	ce of business of the institu	ıtion(s):		
3b Does this involve	transport of children t	o a (part-time) treatmen		ending school?	
O Yes	O No	If yes, please comp	plete the table below.		
	Monday	Tuesday	Wednesday	Thursday	Friday
Normal school times					
Freatment times					
Treatment times					
Treatment times					
s there entitlement to	pupil transport?	O Yes	O No		
	entitlement to pupil tran				
4 What is the expe	cted treatment period?	Start date:	·	End date:	
5 Is the insured person able to travel with their own transport?			O Yes	O No	
•					
	rson able to travel by p	ublic transport?	O Yes	O No	
6 Is the insured pe	rson able to travel by p person only use taxi tra		O Yes	O No	
Is the insured pe Can the insured	person only use taxi tra				
Is the insured pe Can the insured	person only use taxi tra				
Is the insured pe  Can the insured pe  If yes, please justify the	person only use taxi tra		O Yes		O No
6 Is the insured pe 7 Can the insured point of the second	person only use taxi tra	nsport?	O Yes	O No	O No
Gompleted truthfully	person only use taxi tra	nsport?	O Yes	O No	O No
Gompleted truthfully Name of GP or medica	person only use taxi tra	nsport?	O Yes	O No	O No
7 Can the insured per 17 Can the insured per 18 If yes, please justify the 18 Does the insured properties of GP or medical code:	person only use taxi tra	nsport? ompanied during the tra	O Yes	O No	O No
7 Can the insured pe 7 Can the insured pe 8 Does the insured Completed truthfully Name of GP or medical Postal code: AGB code (GP/medical	person only use taxi tranis:  I person need to be accordal specialist:	nsport? ompanied during the tra	O Yes	O No	O No
Gompleted truthfully Name of GP or medical Postal code:  AGB code (GP/medical Date:	person only use taxi tra	ompanied during the training th	O Yes	O No	O No
7 Can the insured pe 7 Can the insured pe 8 Does the insured Completed truthfully Name of GP or medical Postal code: AGB code (GP/medical Date:	person only use taxi tranis:  I person need to be accordal specialist:  Il specialist:	ompanied during the training th	O Yes	O No	O No
Good the insured per Granthe insured part of the insured part of t	person only use taxi trans:  I person need to be accordal specialist:  Il specialist:  Il specialist:  Il specialist:  Il specialist:	ompanied during the training th	O Yes	O No	O No
Gompleted truthfully Name of GP or medical Postal code:  AGB code (GP/medical Date:	person only use taxi transis:  I person need to be accordal specialist:  I specialist:	ompanied during the training th	O Yes	O No	O No

2 b What treatment does the insured need? Or is it a check-up appointment?

transport and to what duration and frequency. You will receive an authorisation or rejection in writing.

Aevitae retains the right to perform checks on the transport. If the transport is reimbursed unjustly, then based on the stipulations of the Netherlands Civil Code, proceedings will be started in principle to recover the sum paid unjustly.