

Advance payment agreement for unplanned healthcare

You have received this agreement because we have not been able to determine whether you are insured. This means that you must pay for the healthcare expenses yourself. We would like you to be properly informed about this.

You will make an advance payment of € 250.

By signing this form, you agree to the advance payment for the expenses of the healthcare we will provide. After your treatment has been concluded, you will receive a final invoice with the expenses you have yet to pay. The € 250 which you have already paid will be deducted from the invoice.

If you require an operation or hospitalization, we can request that you make an additional advance payment. You are responsible for paying the final invoice yourself.

Patient information

Patient number:

Name:

Date of birth:

Temporary address:

Invoice address:

Advance payment amount: €250

IBAN*:

Account name:

Statement of consent

I am aware that I will receive the invoice for my treatment and that I am responsible for paying for said treatment myself.

Name:

Date:

Signature:

Do you have any questions? You can send an email to debiteurenadministratie@zaansmc.nl or call us at +31 (0)75 650 28 04