

# Advance payment agreement for planned healthcare for an uninsured patient

Dear patient,

You have received this agreement because you are not insured by a Dutch health insurance company and are not in possession of a valid European Healthcare Insurance Card (EHIC).

Therefore, you will have to pay for all the healthcare that you receive. We would like to inform you properly about this procedure.

If you want to make a hospital appointment with us, you must make an advanced payment of 250 euro. We cannot determine in advance what the final expenses of the healthcare you receive from us will be.

Once we have received the advanced payment of 250 euro, along with your name and date of birth, we can give you an appointment.

We will let you know during or after your treatment period whether you will be charged more or will receive money back. In order to process your payment, we need you to send us the patient information specified below by email.

Our bank details:

IBAN: NL13 RABO 0374 1554 96

Account name: stichting Zaans Medisch Centrum

Please specify name and date of birth in the comments field (as well as your patient number, if known).

## **Patient information**

Name:

Date of birth:

Temporary/Invoice address:

Advance payment amount: **€250**

Your IBAN\* (bank account details):

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:

In case of questions, you may email [debiteurenadministratie@zaansmc.nl](mailto:debiteurenadministratie@zaansmc.nl) or call us on phone number +31 (0)75 650 2804