



Objection Health Insurance

You can use this form to submit an objection to a decision by the Health Insurance Office. You cannot use it to submit a complaint.

If an objection has not been submitted within 6 weeks, the Health Insurance Office will declare the objection inadmissible and the objection will not be processed any further.

The Health Insurance Office will start processing your objection as quickly as possible. Our aim is to process an objection by the statutory deadline of a maximum of six weeks.

It is important that you clearly indicate what your objection relates to. You should, for example, indicate when you wrote a particular letter, or what happened on a particular date.

Do you have any documents which are important for your objection, for example letters which have been sent out by the Health Insurance Office? If so, please send them to us. That will help us to process your objection quicker.

Please note!

Any documents you send with your objection will not be returned. You should therefore only submit copies.

1 I have an objection. My details are:

Gender: male female

First name: (in full)

|

Surname (*maiden name of married woman*)

|

ID number (sedula)

| | | | | | | | | | | | | | | |

Date of birth (mm/dd/yyyy)

| | | | | | | | | | | |

Address

|

Town/city

|

Email address

|

Daytime telephone number

|

I am being represented/my interests are being represented by, if applicable:

Gender: male female

First name: (in full)

|

Surname

|

ID number (sedula)

| | | | | | | | | | | | | | | |

Date of birth

| | | | | | | | | | | |

Address

|

Town/city

|

Email address

|

Daytime telephone number

|

Objection Health Insurance

2 My objection relates to a decision concerning:

Decision number *(This can be found in our response to the claim)*

Decision date (mm/dd/yyyy)

_____ [| | | | | | |]

- The refusal/granting of permission
- The refusal to use a particular care provider
- The rejection/limitation of a claim
- The payment of an imposed personal contribution
- The amount of the imposed personal contribution
- The full or partial rejection of claims/invoices
- Other decisions

3 Description of the objection:

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If you do not agree to a decision on an objection, you can invoke an appeal in accordance with the BES Administrative Justice Act (Wet administratieve rechtspraak BES). This can be done within six weeks after the decision on the objection has been sent.

You must lodge an appeal in duplicate with the Registry of the Court of First Instance of Bonaire, Sint-Eustatius and Saba (further information can be obtained via telephone number +599 7178172).

Court registry fees will be levied if you lodge an appeal, whereas none will be charged for submitting an objection.

4 Signature

I declare that I have completed this form accurately, fully and truthfully.

Place

Date (mm/dd/yyyy)

_____ [| | | | | | |]

Number of enclosures

Signature

|

To be filled in by the Health Insurance Office:

Received on: (mm/dd/yyyy)

[| | | | | | |]

Received by:

|
