



Information when applying for Article 10 paragraph 4

Information for insured persons, specialists and general practitioners. Including a statement of approval. You'd like to be treated by a non-contracted healthcare provider. In certain cases, this is possible under Article 10, paragraph 4 of the BES Healthcare Insurance Decree. In this document, you will find out if you may be eligible for this. You will also find out what is required of you as an insured person and what you can expect from Care and Youth Caribbean Netherlands (ZJCN),

To receive permission based on Article 10, paragraph 4, the following conditions apply:

- 1 There must be a clear diagnosis and the treatment must be effective;
- 2 The (same) healthcare cannot be provided twice;
- 3 Travel, accommodations and any transportation costs are at the insured person's own expense;
- 4 ZJCN will not be involved in making the arrangements;
- 5 A clear, specified quote must be submitted in advance;
- 6 Based on the healthcare costs stated in the quotation, the average costs will be fully or partially reimbursed;
- 7 ZJCN cannot guarantee the quality of the healthcare abroad;
- 8 The insured person is responsible for the financial transactions with the healthcare provider and the medical costs incurred are subsequently claimed at ZJCN; and
- 9 Permission granted under Article 10, paragraph 4 can never become a medical referral abroad.

(Additional information per condition above may be found on the back of this document).

I, the insured person, have read these conditions carefully and I understand the conditions stated in Article 10, paragraph 4 and what is expected of me. I agree with this:

Insured person

Place

Date (mm/dd/yyyy)

| | | | | | | | | |

Signature

Name

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The following conditions apply for an authorization based on Article 10, paragraph 4

Explanation per condition:

1 There must be a clear diagnosis and the treatment must be effective

You should discuss this with your attending physician. You must have complaints that require medical care. There must be a valid reason why you do not want to go to a contracted institution. You can only receive the requested medical care as stated in a referral letter from your local general practitioner. All additional procedures and diagnostics for which permission has not been granted in advance, will not be taken into account, nor reimbursed by ZJCN. For every treatment or diagnosis that is not related to the initial complaint, a new application for Article 10, paragraph 4 must be submitted and assessed by a medical adviser. For example, if you have been referred to an orthopedic surgeon for a knee operation, you cannot simply visit a cardiologist for a check-up.

2 The healthcare will not be duplicated

If you have already previously received treatment or diagnostics for the same complaint, in principle, this will not be reimbursed under Article 10, paragraph 4. Unless the treatment is required periodically.

3 Travel, accommodations and any transportation costs are at the insured person's own expense

You have to buy your plane ticket yourself and you also have to arrange and pay for your stay abroad. This cannot be claimed afterwards. You will not receive an allowance for daily expenses nor reimbursement for travel.

4 ZJCN will not be involved in making the arrangements

You must make your own arrangements with the specialist, hospital or healthcare institution that you would like to visit.

5 A clear, specified quote must be submitted in advance

You yourself must request a quote in advance from the healthcare institution where you want to be treated. This offer must include a clear explanation of the costs to be incurred. Only after this quotation has been approved by ZJCN, will the costs incurred be fully or partially reimbursed afterwards. Any amounts that differ from the quote that was first submitted and approved, will not be paid.

6 Based on the healthcare costs stated in the quotation, the average costs will be fully or partially reimbursed

Keep in mind, this means that you may not be reimbursed for all of the healthcare costs.

7 ZJCN cannot guarantee the quality of the healthcare abroad

ZJCN has contracted for healthcare from providers that meet Dutch standards. If you, as an insured person, choose a healthcare institution yourself, ZJCN cannot be held responsible for the quality of the healthcare, fulfilling of the commitments, etc.

8 The insured person is themselves responsible for the financial transactions with the healthcare provider and the medical costs incurred are subsequently claimed at ZJCN

You must ensure that all incurred costs are paid in advance. You can submit a declaration of these costs to ZJCN for reimbursement after you have returned to the island. Your declaration must be submitted within 12 months after the invoice date.

9 Permission granted under Article 10, paragraph 4 can never become a medical referral abroad

A treatment under Article 10, paragraph 4 cannot become a medical referral abroad later on during the treatment process.

Only after you have received approval from ZJCN to be treated based on Article 10, paragraph 4, you may make arrangements with the healthcare institution you have chosen and plan your trip.

Please note: requests or quotes submitted after the fact will not be reimbursed.

Healthcare that is not included in the referral letter and preapproved by ZJCN will not be reimbursed.

For questions you may email: info@zorgverzekeringskantoor.nl