



Claim form Urgent Medical Costs

You can use this claim form for your health insurance claims. Please fill in all the requested details and make a copy for your own administration. Aon cannot process your claim if not all of the requested details completed. You can download a new form on www.aonstudentinsurance.com.

Insured's information

Name _____
Address _____
Postal code/City/Country _____
Telephone number _____
E-mail _____
Programme/institute _____
Student/non-student/research (PhD/MS/etc)/family member/guest totur/search year (delete if not applicable)
Certificate number _____
Bank account no. _____
IBAN code (if applicable) _____
Bank account in name of _____
Name bank & location bank _____
Swift code bank (if applicable) _____

European Health Insurance Card

Do you have a European Health Insurance Card (EHIC)?

Yes No

EHIC Number _____

There are detailed claim instructions on www.aonstudentinsurance.com

Other insurance

Do you have insurance elsewhere that might cover these medical costs.

Yes No

If so, please give us the name of the insurance company and your policy number.

Insurance company _____

Policy number _____

Type of insurance _____

Accident

Are the costs related to an accident?

Yes No

If a third party was involved please fill in their details here:

Name _____

Address _____

Telephone number _____

E-mail _____

Information about urgency of medical costs

Why did you need medical care? _____

When did the symptoms start? _____

Have you visited a health care provider prior related to those symptoms?

Yes No

If so, please fill in the first and last time _____

What was the result? _____

What treatment(s) or care do you expect you need in the future? _____



Only applicable if you expect you need further treatment(s) or care:

Did the doctor refer you to a specialist?

- Yes No

If so, please attach a copy of the referral.

Do you need surgery?

- Yes No

Why do you need surgery? _____

When is this surgery planned? _____

In which hospital is this surgery planned? _____

Did the doctor refer you to see a physiotherapist?

- Yes No

If so, please attach a copy of the referral with reason for the treatment.

Did the doctor refer you to see a psychotherapist/psychologist?

- Yes No

If so, please attach a copy of the referral with reason for the treatment.

If the costs are related to a pregnancy:

What is the expected due date? _____

Do you expect to give birth in a hospital?

- Yes No

If so, for what reason do you expect to give birth in a hospital? _____

IMPORTANT! Don't forget to obtain insurance for your newborn within a month after birth!

Further remarks:

Further remarks about this claim _____



Claims

Please enclose the original invoices and note: only original, specified invoices will be accepted. No reimbursement will take place on the basis of reminders, copies, duplicates or unspecified invoices.

Claim	Reference/invoice number	Date of treatment	Amount	Payment should be made to
doctor/pharmacy/hospital	if not mentioned, leave open	dd-mm-yy	mention currency if other than EUR	doctor/pharmacy/hospital or myself
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____
8 _____	_____	_____	_____	_____
9 _____	_____	_____	_____	_____
10 _____	_____	_____	_____	_____

In case of treatment by a medical specialist a written referral from your family doctor is required. In order to get an authorization for admission into a hospital a statement from your specialist with a medical diagnosis is required. Please supply.

Declaration

Insured declares that he/she has filled in the claim form as best to knowledge and truthfully without withholding any information that could have influence on the claim. Providing false information or deliberate cause of damage will exclude all coverage from this insurance and cancellation of the insurance policy.

Place

Date

Signature

Return address

Please send this form to Aon, IPM Medical Advisors Box, P.O. Box 1005, 3000 BA Rotterdam, The Netherlands. Or scan this form as well as the original invoices and send these to claims@aonstudentinsurance.com.

Important: You will need to keep the original receipts for one year after submission by email of the claim as Aon may ask you to send the original invoices.