

Insurance Agreement NO/Name of Company

Name	Date of Birth
Address	Postal Code/Place
Telephone No	E-mail
Bank account No/ IBAN/SWIFT	

Please fill in the correct and full information. You will lose your rights under this agreement, if you knowingly leave out relevant information or if you give incomplete information.

Purpose	Appendix No	Date, hours	Specification	SUM	For Vertikal Helse	
					Total	Art
Consultation - X-Ray - MR						x0110
Consultation - X-Ray - MRI						
Consultation - X-Ray - MRI						
Consultation - X-Ray - MRI						
Medical treatment - Operation						x0100
Medical treatment - Operation						
Physiotherapy or similar						x0115
Travel expenses, accomodation, per diem (taxi - see page 2)						x0200
Travel expenses, accomodation, per diem (taxi - see page 2)						
Travel expenses, accomodation, per diem (taxi - see page 2)						
Medicin and medical equipment						x0120
Other						
Total						

Comments

Date _____ Signature _____

For Vertikal Helse

Medisinsk rådgiver	Saksnummer:
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Kvittert ansvarlig saksbehandler VHA:	Kvittert ansvarlig Skadebehandler/Lege VHA
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Please return this form to:
 Vertikal Helseassistanse AS | Postboks 193 Skøyen | 0212 Oslo

Information concerning expenses related to consultations and treatments:

- You must fill in the Policy number/Claims number or the name of your company.
- All expenses related to this claim must be approved, in advance, by your medical advisor at Vertikal Helse.
- All receipts must be approved, numbered and mounted on separate sheets. Please forward these together with the refundation form.
- You can send in your form by post.
- Your expenses will be refunded within 20 days, assuming the form is complete and correct.
- You can include as many travels and examinations as you like, in the one and same refundation form. However, these expenses must be in relation to the same disease/case.
- In the row marked; «travel expenses» you may include travels by car/kilometers (with or without companion), public transportation, toll and ferries (include your tickets) and taxi. Per diem and accommodation should be specified in the same row.
- To get a refund for Taxi, the expenses have to be approved in advance, by your medical advisor.
- Travel expenses will be covered by Vertikal Helseassistanse AS according to the following rates:
 - Travels by car: NOK 2,40,- per km when traveling over 5 miles each way.
 - Companion: NOK 2,40,- per km when traveling over 5 miles each way.
 - Per diem: NOK 220,- for travels over 12 hours.

Please also see our Policy Terms; § 4.2.3 concerning transportation to and from the hospital:

«For treatment of injury or illness in connection with an insurance event, the insurance will cover the necessary and foreseeable expenses connected with travelling and booking of tickets if the patient has to leave the County in which his or her place of residence is located to go to a suitable hospital. Travel expenses above Nok 500,- per treatment for travels within the resident's County will be covered. If the Insured can be treated by the publicly funded health care service within the Guarantee Period, the insurance will not cover any of the expenses incurred for such treatment, but, in such case, the patient's expenses will be covered by the public sector in accordance with the existing rules.»