

Insurance Agreement NO/Name of Company

Name	Birth date
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
Physiotherapy or similar						x3200
Physiotherapy or similar						x3200
Physiotherapy or similar						x3200
Physiotherapy or similar						x3200
Physiotherapy or similar						
Psychologist						x3200
Psychologist						x3200
Psychologist						
Total Sum						

Date og injury
What kind of illness have you been treated for:
Comments

\_\_\_\_\_  
Date Signature

For Vertikal Helse accounts

Medisinsk rådgiver	Saksnummer:
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Kvittert ansvarlig saksbehandler VHA:	Kvittert ansvarlig Skadebehandler/Lege VHA
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### Information concerning expenses related to extended coverage:

This form is for the insured/employees of companies who have an agreement including Extended Coverage. in addition to the standard Vertikal Helse Health Insurance agreement.

- 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 you form by post.
- Your expenses will be refunded within 20 days, assuming the form is complete and correct.
- Refundation concerning Extended Coverage will cover treatment fees only and will not cover additional services such as your GP, travel expenses or accomodation.

### Please also see § 8.3.2 The insurance covers:

*« The Insurance covers expenses related to treatments approved by the Public Health Services performed by authorized: Physiotherapist/ naprapath/chiropractor/manual therapist/osteopath, without referral from a physician.*

*The Insurance covers up to five -5- consultations per Insured per Insurance Period. The treatment must be approved in advance by Vertikal Helse. Each consultation will be covered up to Nok 600, -. Travel expenses will not be covered.*

*The treatment must commence within eight -8- weeks after approval by the Insurer. »*