

Insurance Agreement NO/Name of Company

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

| 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: |
|--------------------|-------------|

|                                       |  |
|---------------------------------------|--|
| Kvittert ansvarlig saksbehandler VHA: | Kvittert ansvarlig Skadebehandler/Lege VHA |
|---------------------------------------|--|

**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 your form via <https://sikker.vertikalhelse.no/> - in step two, the receiver field, fill-in: [dinhelse@vertikalhelse.no](mailto:dinhelse@vertikalhelse.no)
- 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 accommodation.

**Physical treatment:**

*« The insurance includes agreed number of treatments without referral from a publicly qualified physiotherapist, manual therapist, chiropractor or naprapat who is a member of Norway's Naprapat Association. The number of treatments is specified in the insurance policy and the number of treatments are valid within a twelve months period from the treatment first started.*

*Treatments beyond the agreed must be referenced by relevant medical specialist doctor (for example specialist in orthopedics, physical medicine or neurology) and should be medically necessary to improve functioning, illness or injury. The purpose of assessment of relevant specialist doctor is to provide proper medical diagnostic and treatment.*

*In case of physical treatment after surgery, there is no limit in the number of treatments provided if the treatment is requested by the treating doctor. »*