

Aevitae
P.O. Box 2705
6401 DE Heerlen

Declaration Form for Travel Costs of Seated Patient Transport

Insured person

Forname and surname: _____	Policy number: _____
Address: _____	House number: _____
Postal code: _____	Town/city: _____
Phone number: _____	Date of birth: _____ - ____ - ____

What are the costs to do with?

Do you have an authorisation for all destinations and periods? Yes No
 If not, please apply for this now using the Form for Medical Declaration of Seated Patient Transport via www.aevitae.com.

Transported by

- Own transport We will use the route planner for the number of kilometres travelled.
 (No reimbursement for parking costs)
- Public transport Please enclose the train tickets and/or travel and transaction summary.
- Taxi Please enclose the original taxi receipts.
 (On the taxi receipts must be shown who was transported on what date and the departure and arrival points.)

In all cases, please enclose the appointments card. If you send in your travel declaration, please ensure that the enclosed appointments card is provided with a signature and stamp from your treatment location.

Transported from and to

Date of transport	From (name of institution and postal code)	To (name of institution and postal code)	Amount for public transport or taxi	Journey out km	Journey back km

