

# Policy conditions 2025 Collectief Zeker Pakket



Mr. F.J. Haarmanweg 16 • 4538 AR Terneuzen  
[www.ditisblend.nl](http://www.ditisblend.nl) • [zorg@wittebousen.nl](mailto:zorg@wittebousen.nl)

## Important information and service

If you have questions, or something you think we should know, we will be happy to offer our assistance!

### Our website

Comprehensive information about your health insurance is available at [ditisblend.nl](https://ditisblend.nl). This is where you can find answers to frequently-asked questions, calculate your premium, submit invoices online, find healthcare providers and review and compare all reimbursements from A to Z.

### Contact

For current opening hours, please refer to [ditisblend.nl](https://ditisblend.nl). During the weeks in December when many people change providers, we offer expanded hours of operation in order to provide you with even better service.

### Submitting care invoices

If you have received an invoice for care, you can digitally submit it for reimbursement through Mijn Blend. In the Mijn Blend digital environment, you can also easily and conveniently edit your personal details, view your healthcare costs or make changes to your coverage package(s).

You can submit an invoice to us by regular mail as well. To do so, simply print out and fill in a declaration form and mail it, along with the original invoice, to the postal address below. The declaration form is available [here](#).

### Mailing/Visiting address

Mr. F.J. Haarmanweg 16  
4538 AR Terneuzen

### Need approval for care?

To find out which healthcare requires our approval in advance, please refer to the policy terms & conditions. You will need to send a request for approval for the treatment in question to the mailing address above, for the attention of Team Medical.

### Complaints

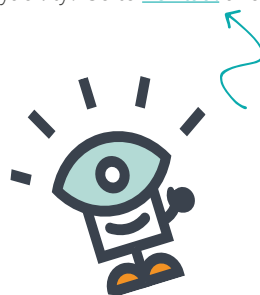
We do everything we can to provide Blend clients like yourself with the best possible service. If you are unsatisfied with a decision we have taken regarding our service, or the service of one of your healthcare providers, please do not hesitate to let us know. For more information check [page 14](#).

### Find a healthcare provider

Healthcare providers have agreements in place with health insurance companies. Such providers are referred to as 'contracted care providers'. They have signed contracts with the insurers that include agreements on things like quality of care. The healthcare providers with whom we have such agreements are listed in the CareFinder. Our CareFinder is available [here](#). Having health insurance has consequences for the amount of reimbursement if you go to a non-contracted care provider. You can read more about this lower reimbursement and non-contracted care providers in article 1.4 of the General section.

### Aevitaal

Health and vitality are incredibly important to us. This is why we are eager to help you stay healthy and fit as well. On the Aevitaal platform, you'll find information on health, vitality, employability and resilience. Are you experiencing symptoms or having trouble sleeping, or would you like to adopt a healthier lifestyle or enhance your employability? Go to [Aevitaal](#) and sign up today!



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## 1 Definitions of terms

In this insurance contract the following terms are understood to mean:

### **Additional Insurance Policy(s)**

The insurances set out in these conditions of insurance.

### **Admission**

Admission in a (psychiatric) hospital, psychiatric ward of a hospital, rehabilitation institution, convalescent home or an independent treatment centre, when and as long as nursing, examination and treatment can only be offered on medical grounds in a hospital, rehabilitation centre or convalescent home.

### **Aevitae**

The authorised agent to whom authorisation has been granted by the health insurance company, as meant in article 1.1 of the Financial Supervision Act, with regard to the implementation of health care insurances.

### **Basic health insurance / Health care insurance**

The health insurance as laid down in the Dutch Health Care Insurance Act.

### **Birth centre**

A childbirth facility in or on the site of a hospital, possibly combined with a maternity care facility.

A birth centre may be equated to a birth hotel and childbirth centre.

### **Calendar year**

The period that runs from 1 January up to and including 31 December.

### **Care group**

This is a group of care providers from different disciplines that together provide integrated care.

### **Care hotel**

An institution contracted by the insurer in which 24-hour care and service provision, consisting in any event of nursing and care, is guaranteed, in a hotel like setting.

### **Centre for genetic research**

An institution which holds a licence under the Act on Special Medical Procedures for the application of clinical genetic testing and genetic counselling.

### **Centre for Special Dentistry**

A university or centre considered as equivalent by the health care insurer providing dental treatment in special cases in which treatment requires a team approach and/or special expertise.

### **Child and youth psychologist**

A child and youth psychologist who is registered in accordance with the conditions laid down in Article 3 of the Individual Health Care Professions Act and is in the Register of Child and Youth Psychologists of the Dutch Institute of Psychologists (DIP).

### **Clinical psychologist**

A health care psychologist who is registered in accordance with the conditions referred to in article 14 of the Individual Healthcare Professions Act.

### **Consent (authorization)**

A written consent for the purchase of certain care that is provided by or on behalf us or the insurer is provided to you, prior to the purchase of this certain care.

### **Contract with preference policy**

This is defined as a contract between the insurer and the dispensing general practitioner wherein specific agreements are made on the preference policy and/or the delivery and payment of pharmaceutical care.

### **Day treatment**

Admission for less than 24 hours.

### **Dental surgeon**

A dental specialist who is registered in the specialists' register for oral diseases and dental surgery of the Dutch Dental Association.

### **Dentist**

A dentist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.

### **Diagnosis Treatment Combination (DTC) care product**

From 1 January 2012, new care services for specialist medical care are expressed in DTC Care Products. This process is called DTT (DTC's Towards Transparency). A DTC Care Product is a declarable benefit under the Health Care Market Regulation Act within the specialist medical care that is the result of the entire process of the diagnosis that the caregiver gives up to the (possible) treatment. The DTC process begins when you submit your request for care, and terminates at the end of the treatment, or after 365 days.

**Dietician**

A dietician who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

**Dispensing general practitioner**

The dispensing general practitioner or a resident pharmacist who is registered in the register of established pharmacists or a pharmacist who is allowed to assist in a pharmacy by pharmacists who are entered in this register or the legal person that provides the care by pharmacists who are registered in above-mentioned register.

**Dyslexia (severe)**

A reading and spelling disorder as a result of a neurobiological function disorder that is genetically determined and can be distinguished from other reading and spelling problems.

**EU and EEA state**

Includes the following countries other than the Netherlands in the European Union: Belgium, Bulgaria, Cyprus (the Greek part), Denmark, Germany, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Spain, the Czech Republic, the United Kingdom and Sweden.

Under convention provisions, Switzerland is considered as equivalent to these countries.

The EEA states (states who are party to the Agreement on the European Economic Area) are Liechtenstein, Norway and Iceland.

**Family**

One adult or two married or permanently cohabiting persons and the unmarried own, step, foster or adoptive children under 30 years of age, who are entitled to child benefit, benefit under the Student Finance Act 2000 / Study Costs Allowances Act or deduction of extraordinary expenses under tax legislation.

**Fraud**

The intentional perpetration of or attempt to commit forgery of documents, deception, prejudice to creditors or rightful claimants and/or embezzlement through the realization and/or execution of a contract of general insurance, aimed at obtaining a payment, compensation or service to which no right exists or to obtain insurance coverage under false pretences.

**General practitioner**

A physician who is registered as general practitioner in the register maintained by the HVRC (Registration Committee for general practitioners, geriatric specialists and physicians for the mentally handicapped, of the Royal Dutch Medical Association and exercises the general practice in customary manner.

**General remedial educationalist**

A general remedial educationalist who is registered in the NVO Register of General Remedial Educationalists of the Association of Educationalists in the Netherlands.

**Geriatrics specialist**

A physician who has followed the training for the geriatrics specialty and is registered in the register of geriatric specialists of the Royal Dutch Medical Association. This specialty only exists since 1 January 2009. This specialty is in succession to nursing home medicine. Physicians who commenced the training course before 1 January 2009, are registered as nursing home physicians, but are now also called geriatrics specialists.

**Group health insurance contract**

A collective agreement of health insurance (collective contract) concluded between Aevitae and an employer or legal entity with the aim of offering the affiliated participants the possibility of taking out health care insurance and any additional insurance cover under the conditions set out in this agreement.

**Health Care (Market Regulation) Act tariffs**

Tariffs as established by or pursuant to the Health Care (Market Regulation) Act

**Health care insurer**

The insurance company which has been authorized as such and provides (supplementary) insurance(s) within the meaning of the Health Care Insurance Act. Your health care policy states which company this concerns.

**Health care provider**

The health care provider or health care providing organization that provides health care.

**Health care psychologist**

A Health care psychologist who is registered in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.

**Hospital**

An institution for medical specialist health care for nursing, examination and treatment of illnesses, which is approved as such in accordance with the rules drawn up by law.

**Independent treatment centre**

An institution for medical specialist health care for examination and treatment that is approved as such in accordance with the rules drawn up by law.

**Individual Health Care Professions Act**

Act on professions in individual health care. This act sets out the expertise and competencies of the care providers. The accompanying registers list the names of the caregivers who meet the legal requirements.

**Institution**

- 1 an establishment within the sense of the Care Institutions (Accreditation) Act;
- 2 a legal entity established abroad which provides care in the respective country in connection with the social security system existing in that country or which is aimed at providing care to specific groups of public officials.

**Insured person**

Everyone named as such in the policy document.

**Insurer**

The health insurance company which has been authorized as an insurance company, providing (supplementary) insurance(s) within the meaning of the Health Care Insurance Act.

**Integrated care**

A care programme organized around a particular disorder.

**Laboratory research**

Research by a legally accredited laboratory.

**Maternity care**

The care provided by a qualified midwife or a nurse working as such.

**Maternity centre**

An institution that provides obstetric and/or maternity care and that meets the statutory requirements.

**Medical consultant**

The physician who advises us in medical matters.

**Medical devices**

The provision in the need for functioning aids and bandages designated in the Health Insurance Regulations, taking into account the regulations established by the insurer with regard to consent requirements, periods of use and volume prescriptions.

**Medical specialist**

A physician who is registered in the register maintained by the Medical Specialists Registration Committee of the Royal Dutch Medical Association.

**Mental health care institution**

An institution which provides medical care related to a psychiatric disorder and is authorized as such.

**Multidisciplinary cooperation**

Integrated (chain) care that is supplied by multiple care providers in conjunction with different disciplinary backgrounds and wherein direction is necessary in order to provide the care process surrounding the insured party.

**Obstetrician**

An obstetrician who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.

**Occupational physician**

A physician who is registered as occupational physician in the register established by the Social-Medical Registration Committee (SGRC) of the Royal Dutch Medical Association and acts on behalf of the employer or the occupational health and safety service wherein the employer is affiliated.

**Occupational therapist**

An occupational therapist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

**Oral hygienist**

An oral hygienist who has been trained in accordance with the oral hygienist's training requirements as listed in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree' and in the Health Care (Unsupervised Activities) Decree (Bulletin of Acts and Decrees 1997, 553)'.<sup>1</sup>

**Orthodontist**

A dental specialist who is registered in the Specialists Register for Dentomaxillary orthopaedics maintained by the Dutch Dental Association.

**Pelvic physiotherapist**

A physiotherapist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act and is also registered as a pelvic physiotherapist in the pelvic physiotherapy sub-register of the Central Quality Register (CKR) of the Royal Dutch Association for Physiotherapy (KNGF).

**Pharmaceutical care**

This is defined as:

- the handing over of medicines and dietary preparations designated in this insurance contract and/or
- advice and guidance such as pharmacists tend to offer for the benefit of medication assessment and responsible use, all this taking into account the Pharmaceutical Care Regulations established by the insurer.

**Pharmacy**

Pharmacy refers to: (Internet) pharmacies, pharmacy chains, hospital pharmacies, outpatient pharmacies and dispensing GPs.

**Physician**

Whoever is authorized under Dutch law to practice medicine and is registered as such by the competent authority in the context of the Individual Health Care Professions Act.

**Physiotherapist**

A physiotherapist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act. The term physiotherapist also means a remedial gymnast/masseur according to Section 108 of the Individual Health Care Professions Act.

**Podiatrist**

A podiatrist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

**Policyholder**

The person who has entered into the insurance contract with us.

**Policy schedule**

The health insurance care policy (instrument) wherein the basic and supplementary insurances entered into between you (the policyholder) and the health insurance company are recorded.

**Preferential medicines**

Preferred products designated by the insurer within an identical group of mutually interchangeable medicinal products.

**Primary care psychologist**

A health psychologist who is registered in accordance with the conditions laid down in Article 34 of the Individual Health Care Professions Act and who meets the training and quality requirements as contained in the Primary Care Psychologists' Qualification Scheme of the Dutch Institute of Psychologists (NIP).

**Prosthodontist**

A prosthodontist who is trained in accordance with the so called 'Decree for training requirements and expertise for prosthodontists'.

**Psychiatrist/neurologist**

A physician who is registered as psychiatrist/neurologist in the register maintained by the Specialists Registration Committee of the Royal Dutch Medical Association. Neurologist may also be read in place of psychiatrist.

**Psychotherapist**

A psychotherapist who is registered in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.

**Rehabilitation**

Examination, advice and treatment of a specialist medical, paramedical, behavioural and rehabilitative nature. This care is provided by a multidisciplinary team of experts, led by a medical specialist, connected to a rehabilitation institution in conformity with the rules laid down by law.

**Remedial therapist**

A remedial therapist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

**Sexological care provider**

Primary care psychologist, physician or nurse who, as a sexological care provider, is in the possession of a registration from the Dutch Association for Sexology (NVVS).

**Skin therapist**

A skin therapist who is trained in accordance with the Decree on skin therapist training and area of expertise (Bulletin of Acts and Decrees 2002, no. 626). This decree is based on article 3 of the Individual Health Care Professions Act.

**Specialist mental health care**

Diagnosis and specialized treatment of complex psychiatric disorders. The involvement of a specialist (psychiatrist, clinical psychologist or psychotherapist) is necessary.

**Speech therapist**

A speech therapist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

**Sports medical examination:**

Taking an anamnesis (general and sports specific), performing a physical examination and performing (sports specific/additional) examination of the postural and movement apparatus, cardiovascular system and lungs in order to give (inexperienced) athletes a direct and responsible movement and sporting advice. There is no basis for care demand.

**Sports physical examination:**

Sports associations require athletes to undergo a physical examination in order to practice the respective sport. (Sports) academies require potential students to undergo a physical examination in order to be admitted. There is no basis for care demand.

**Stay**

Admission with duration of 24 hours or longer.

**Treaty country**

Any state with which the Netherlands has concluded a social security treaty wherein an arrangement for the provision of medical care is included. These are defined as Australia (only temporary stay), Bosnia and Herzegovina, Cape Verde Islands, Croatia, Macedonia, Serbia-Montenegro, Tunisia and Turkey.

**We/us**

Aevitae

**Wlz**

The Long Term Care Act (Wet langdurige zorg).

**Wmo**

The Social Support Act (Wet maatschappelijke ondersteuning).

**You/your**

The person insured. This is stated to in the policy document. 'You (the policyholder)' means the person who has entered into the insurance with us.

**Youth health care physician**

The physician employed as referred to in the Youth Care Act.

**Youth Care Agency**

An agency as referred to in article 4 of the Youth Care Act.

## 2 General terms and conditions

### Article 1 Insured health care

#### 1.1 Content and scope of the insured health care

Your additional insurance entitles you to (compensation of the costs of) health care as described in these insurance policy terms and conditions.

##### 1.1.1 Collective health insurance agreement

The provisions of the collective agreement prevail if and insofar as they deviate from the conditions stated in these insurance policy terms and conditions. If those provisions no longer apply to the person covered by the insurance policy, then the provisions of the individual contract will be applicable again.

#### 1.2 Medical need

You are entitled to (compensation of the costs of) health care as described in these insurance policy terms and conditions, provided you, within all fairness, rely on the content and scope of the type of health care and provided the type of health care is suitable and effective. The content and scope of the type of health care is partly determined by what the health care providers concerned 'usually provide'. The content and scope is also determined by the current level of scientific developments and standard practices, as defined using the Evidence Based Medicine (EBM) method. If there is no current level of scientific developments or no known standard practices, then the content and scope of the health care is determined by what is considered responsible and appropriate care within the field concerned.

#### 1.3 Health care providers

Your health care provider must meet certain conditions. These conditions are statutory for many health care providers and generally, their medical title is protected by law. This is the case, for example, for a general practitioner, medical specialist, dentist, physiotherapist and health care psychologist. The conditions to be met by a health care provider for whom we have set supplementary conditions can be found in the relevant health care article.

For a number of types of health care, we have contracted, appointed or recognized certain health care providers. You will receive no or reduced compensation if you use a non-contracted, non-appointed or non-recognized health care provider for these types of health care. This will be specified in the relevant health care articles. For the other types of health care, you are free to choose a health care provider provided that the other stipulations in these insurance policy terms and conditions are met.

An overview of the health care providers who have been contracted or appointed by us and of the compensation awarded for non-contracted health care providers is available on our website or can be requested by telephone. The recognized health care providers are listed in the relevant health care article. We have made specific agreements with some health care providers. They are our preferred health care providers. Preferred health care providers are specified in the relevant health care article.

#### 1.4 Compensation of the cost of health care

You are entitled to compensation of the cost of health care up to the maximum Health Care Market Regulation Act rates applicable in the Netherlands. If no Health Care Market Regulation Act rates apply, the costs will be reimbursed up to a maximum of the reasonable market price applicable in the Netherlands. If you receive health care from a health care provider who is contracted by us, then the costs of the health care are reimbursed based on the rate which has been agreed with the health care provider concerned.



If you receive treatment from a non-contracted health care provider, then it is possible that you will not be reimbursed or that you will receive less compensation. You can find more information in the relevant health care article or you can request further details.

If there is a budget for a certain type of health care, then the total compensation will not be more than the maximum amount of the budget stated in the relevant health care article.

### 1.5 How do you claim a reimbursement?

Most healthcare providers send us the invoices directly. If you receive an invoice at home, please complete an expense form and submit it together with the original invoice. Please do not send us a copy or a reminder. We can only process originals. You may submit invoices latest up to 3 years after the start of your treatment. Please check that the invoice includes the following details:

- your name, address and date of birth;
- type of treatment, the amount per treatment and the date of treatment;
- the name and address of the healthcare provider;
- AGB code (with a Dutch healthcare provider).

These invoices have to be specified, ensuring that the reimbursements we must pay out can be derived from the specifications directly and without any ambiguity. We deduct any excess and statutory personal contribution from the reimbursement. For conversion of foreign invoices in currencies other than euros, we use the historical rates available from [www.xe.com](http://www.xe.com). This is based on the exchange rate on the date of treatment. Invoices must be in Dutch, English, French, German or Spanish. If a translation is necessary to our discretion, we may request you to provide a certified translation of the invoice. We will not refund the translation expenses.

#### Online claim forms

Online submission of claims is quick and easy. Go to Mijn Aevitae. You must retain the original invoice for at least one year after submitting the relevant claim form. We may request the invoices for inspection. If you are unable to submit the invoices, we may recover the amounts paid out from you, or settle the relevant amounts with amounts due to you.

### 1.6 Direct payment

We have the right to pay the costs of health care directly to the health care provider. As a result, you have no right to compensation.

### 1.7 Settlement of the costs

If we pay the health care provider directly and pay more than we are obliged to pay or the costs of the health care are to be met by yourself, then you, as the policy holder, owe us the costs of the health care. We will charge you for these costs at a later date. You will be obliged to pay these costs. We can settle these costs with compensation still owed to you.

### 1.8 Referral, prescription or permission

For some types of health care, you require a referral, a prescription and/or prior, written permission which shows that you require the health care. You can find more information in the relevant health care article.

If a referral or a prescription is required, then you can request this from the health care provider stated in the article. This is usually the general practitioner. If permission is required, then you require our permission prior to receiving the health care. This permission is also referred to as authorization.

#### Contracted health care provider

If you receive health care from a health care provider who is contracted by us, this provider will assess for us whether you meet the requirements. For some types of health care, it has been agreed that we will assess the request for care ourselves. In that case, the health care provider will send us the request. If, for privacy reasons, you do not wish your request to be assessed by your health care provider, then you can also submit your request directly to us.

#### Non-contracted health care provider

If you receive health care from a non-contracted health care provider, then you must request permission from us to do so prior to receiving the health care.

### 1.9 Derived rights

You are entitled to (compensation of the costs of) health care if the treatment or delivery takes place during the term of the supplementary insurance. If treatment takes place over the course of two calendar years and the health care provider

is allowed to send one total invoice (diagnosis-treatment combination), then the costs will be reimbursed provided the treatment commenced within the term of the supplementary health insurance.  
When these insurance policy terms and conditions refer to a (calendar) year, then the actual date of treatment or date of delivery stated by the health care provider determines the (calendar) year to which the costs involved should be attributed.

## **1.10 Exclusions**

There is no right to health care or reimbursement of health care costs:

- 1.10.1 That are related to illnesses or abnormalities which existed before or during the time at which the insurance policy was taken out and which the person covered by the insurance policy knew of or should have known of or which he was experiencing the symptoms of and which Aevitae was not informed of in writing. This exclusion does not apply if and insofar as the insurance came into effect without medical or dental screening.
- 1.10.2 Of written certificates, administrative costs, costs of appointments not kept or costs incurred as a result of late payment of health care providers' invoices.
- 1.10.3 Incurred as a result of gross negligence or intent.
- 1.10.4 Consisting of personal contributions or excess payable under the terms of any other insurance, unless stipulated otherwise in these insurance policy terms and conditions.
- 1.10.5 That could be claimed under the Long-term Care Act (Wet langdurige zorg), the Youth Act (Jeugdwet) or the Social Support Act (Wet maatschappelijke ondersteuning), if the insured person is covered under the Act.
- 1.10.6 That could be claimed under another insurance policy, whether or not of a previous date or under any law or other provision provided the insurance coverage is not available from Aevitae. In that case, this insurance policy is the last insurance policy applicable. Only the costs which exceed the amount the person covered by the insurance policy could claim elsewhere will be eligible for reimbursement.
- 1.10.7 That can be claimed or could be claimed under the Health Care Insurance Act if you are obliged to be insured according to that law.
- 1.10.8 Caused by or resulting from armed conflict, civil war, uprising, civil disorder, riots or mutiny.
- 1.10.9 Caused by, incurred during or resulting from nuclear reactions, irrespective of how they came about. This exclusion does not apply in the case of damage caused by radioactive nuclides situated outside a nuclear facility that are used or intended to be used for industrial, commercial, agricultural, medical, scientific or security purposes, provided there is a valid permit issued by the national government for the manufacture, use, storage and disposal of radioactive substances (in this context, a 'nuclear facility' is a nuclear facility as defined in the Wet Aansprakelijkheid Kernongevallen (Nuclear Incidents (Third Party Liability) Act). The stipulations of the previous sentence do not apply insofar as a third party is liable under Dutch or foreign law for the damage sustained.
- 1.10.10 Or compensation for damage indirectly resulting from acts or omissions by Aevitae.

## **1.11 Entitlement to (compensation of the costs of) health care and other services as a result of terrorist actions**

The following rule is applicable if you require health care as a result of one or more terrorist actions. If the total amount which is claimed in one year from damage insurers, life insurers or funeral insurers is greater than, according to the Nederlandse Herverzekeringsmaatschappij voor Terrorisemeschaden N.V. (NHT) (Netherlands Reinsurance Company for Terrorism Losses), the maximum amount which this insurance company reinsures per year, you are only entitled to compensation of a certain percentage of the costs or of the value of the health care. The NHT determines this percentage. This applies to damage insurers, life insurers and funeral insurers (including health care insurers) to whom the Wet op het financieel toezicht (Financial Supervision Act) is applicable.

The exact definitions and stipulations with regard to the aforementioned entitlement are included in the Clauses Sheet Terrorism Cover by the Dutch Reinsurance Company for Terrorism Losses.

## **Article 2 General conditions**

### **2.1 Basis of the health insurance**

The health insurance agreement is agreed based on the information which you have specified on the application form or which you have given to us in writing.

### **2.2 Supplementary insurance**

The health insurance agreement is applicable to the supplementary insurance stated on the policy summary sheet. These health insurance policy terms and conditions are part of the health insurance agreement and are applicable to the supplementary insurance.

If you have employee-related supplementary insurance based on the collective agreement agreed between your employer and Aevitae, then the compensation from the employee-related package is applicable to you. In that case, you are not entitled to (compensation of the costs of) this health care based on this supplementary insurance.

### 2.3 Accompanying documents

These health insurance policy terms and conditions refer to other documents. These documents are part of the terms and conditions as far as they are applicable. It concerns the following documents:

- Appendix 1 of the Besluit zorgverzekering (Health Care Insurance Decree).
- The Health Care Insurance Regulations.
- The Clauses Sheet Terrorism Cover
- The list of contracted health care providers.

These documents can be found on our website or may be requested by telephone.

### 2.4 Fraud

Material inspection and fraud investigations are carried out in accordance with what has been stipulated for the health care insurance by or under the Health Care Insurance Act.

If you commit fraud, then you lose your right to (compensation of the costs of) health care. You will also have no right to (compensation of the costs of) health care for which you was not found to have committed fraud (partial fraud). We will also reclaim any compensation which has been paid to you.

The consequence of fraud is that we will register your personal details and the personal details of any accomplices or co-fraudsters in the Incident Register of the health care insurer. This Incident Register is registered with the Dutch Data Protection Authority (AP) and is managed by the health care insurer.

We may also register your personal details and the personal details of any accomplices or co-fraudsters:

- With the Centrum Bestrijding Verzekeringsfraude (Centre for Combating Insurance Fraud) of the Verbond van Verzekeraars (Association of Insurers).
- In the internal and external observation systems recognized by the financial institutions: the Internal Reference Register (IVR) and the External Reference Register (EVR).

The health care insurer may also report fraud to the police, the justice department and/or the Fiscal Information and Investigation Service/Economic Investigation Service (FIOD-ECD).

The consequence of fraud relating to an insurance policy you have with us is that your supplementary insurance policy and any (damage) insurance policy you may have with Aevitae or the health care insurer may be terminated. You will then not be able to agree any supplementary insurance policy or any damage insurance policy with Aevitae or the health care insurer for a period of 8 years.

We are entitled to claim back from you the required investigation costs.

### 2.5 Protection of personal information

We take your privacy very seriously. Collecting and processing your personal details is necessary for concluding and performing your healthcare or other insurance and any supplementary policies. We will enter your personal details in our system of insured persons records.

Your personal details will be processed for the following purposes:

- for concluding and performing your insurance contracts or financial services;
- for inspections and/or checks among insured, healthcare providers and/or suppliers to ensure the healthcare services have actually been delivered;
- for research into the quality of healthcare delivered as perceived by our insured;
- for statistical analysis;
- for compliance with statutory obligations;
- in the context of the security and integrity of the financial sector (preventing and combating fraud);
- if you participate in a group contract: for exchanging data with the contract party to the group contract for assessing your entitlement to premium discounts.

Privacy legislation applies to the processing of your personal data, including the General Data Protection Regulation, the Code of Conduct for the Processing of Personal Data by Health Insurers, the Bsn General Provisions Act, the Bsn In Healthcare Use Act and our privacy statement. You can find our privacy statement on our website.

We are obliged to use your citizen service number (BSN) in our administration and in communication (data exchange) with healthcare providers. The BSN is also used for declaration traffic. Find both place on a legal basis.

We may decide to check your data at CIS Foundation (CIS) for the security and integrity of the financial sector, [www.stichtingcis.nl](http://www.stichtingcis.nl).

## 2.6 Announcements

You will be considered to have received all announcements sent to the last address known to us. We always use the address given in the municipal personal records database.

## 2.7 Right of withdrawal period

When taking out a supplementary health insurance policy, you, as the policy holder, have the right to withdraw from the policy any time during the first 14 days. You can terminate the supplementary insurance policy in writing within 14 days after entering into the agreement or within 14 days after you have received the health care policy, whichever is the latter. The health care insurance policy will then be considered as not having been taken out.

## 2.8 Dutch law

The supplementary insurance is governed by Dutch law.

## Article 3 Payments

### 3.1 Due premium

The policy holder is obliged to pay a premium. On the death of the policy holder, the premium is due until the day of death. If the supplementary insurance policy is altered, then we will recalculate the premium commencing from the date that the insurance policy was altered.

### 3.2 Premium reduction for a collective agreement

3.2.1 The premiums and terms and conditions as agreed in the collective agreement are applicable from the day that you participate in the collective agreement.

3.2.2 From the day that you are no longer entitled to participate in the collective agreement, the premium reduction and the terms and conditions agreed in the collective agreement will no longer apply. From that day, the supplementary insurance policy will be continued on an individual basis.

3.2.3 You may only participate in one collective agreement at a time.

### 3.3 Payment of the premium, (legal) excess, legal contributions and costs

3.3.1 Unless agreed otherwise, you are obliged to pay the premium and (foreign) legal contribution in advance for all the people covered by the insurance policy every month. If you pay the premium in advance for the whole year in a single payment, you will receive a reduction on the premium to be paid. The amount of this reduction is stated on the policy summary schedule.

3.3.2 For payments by deposit transfer, we charge € 1.50 per transfer.

3.3.3 You can grant us permission to direct debit the premium, the (legal) excess, the personal contributions and other costs. Two separate authorizations are required: one for granting permission for direct debiting the premium and one for direct debiting the (legal) excess, the personal contributions and other costs.

3.3.4 If you have authorized Aevitae B.V. to write off excess or other amounts by direct debet from your account, you (policyholder) will receive a notification of the direct debet by us. We try to send this notification to you (policyholder) a few days before we collect the outstanding amount.

### 3.4 Settlement

You may not settle any outstanding amounts of money against money which we owe you.

### 3.5 Non-timely payment

3.5.1 If you do not pay the premium, the (mandatory) excess, personal contributions or any other costs in time, we send you a payment reminder. If you do not pay within the time of 14 days stated, we can suspend your coverage. In that case, there is no right to (compensation of the costs of) health care from the last premium payment due day before the reminder. In the event of the insurance coverage being suspended, you are still obliged to pay the insurance premium.

3.5.2. In the event of non-timely payment, we also have the right to terminate any supplementary insurance policies. In the event of termination, the supplementary insurance can be reinstated after payment of the outstanding amount and any additional costs. You will have to apply for this reinstatement in writing within one month after you have paid all of your outstanding costs. Your supplementary coverage will resume from the first day of the month following your payment. If your request exceeds the term of one month after your payment, the starting date of your supplementary insurance will be January 1st of the following calendar year. The supplementary insurances will not be automatically reinstated. You have to apply for it.

3.5.3 We may charge the following fees in the event of overdue payment:

- statutory interest from the day following the due date of the original invoice;
- debt collection fees from the day following the due date of the original invoice. This is 14 days after receipt of the reminder. For the amount of the collection fees, we refer to the Reimbursement for Extrajudicial Collection Costs Decree (BIK).

- 3.5.4 If you have previously received a reminder for the non-timely payment of the premium, legal contributions, personal contributions or other costs, we do not have to remind you in writing separately in the case of non-timely payment of a subsequent invoice.
- 3.5.5 We have the right to settle overdue premium payments and costs with any compensation of costs for health care you have claimed from us or other sums of money which we owe you.
- 3.5.6 If we terminate the supplementary insurance on account of the non-timely payment of the owed premium, we have the right to not enter into an insurance agreement with you for a period of five years.

## Article 4 Other obligations

You are obliged:

- To ask the doctor in charge of your case to inform our medical consultant of the reason for admission.
- To cooperate with our medical consultant or employees who are charged with the task of ensuring that all the information necessary to fulfil the supplementary insurance is obtained.
- To inform us of facts which (may) result in the possibility of recovering costs from (possibly) liable third parties and to provide us with the necessary information in connection to this. You may not agree any arrangement with a third party without our prior, written approval. You must refrain from actions which may harm our interests.
- To inform us as soon as possible of facts and circumstances which are important for correctly fulfilling the supplementary insurance. This includes the starting and end dates of a period of detention, a divorce or separation, moving home, a birth, adoption or a change of bank account. We accept no responsibility in the case of omission from your side.

If you do not fulfil your obligations and our interests are damaged as a result, we may suspend your right to (compensation of the costs for) health care.

## Article 5 Alterations to the premium and the terms and conditions

### 5.1 Alterations to the premium and the terms and conditions

We have the right to alter the premium, as well as the terms and conditions, of the supplementary insurance at any time. We will inform you, as the policy holder, of this in writing. Any alterations will be implemented on a date to be determined by us.

### 5.2 Right of termination

If we alter the premium and/or the terms and conditions of the supplementary insurance in a way which is disadvantageous to you, you are entitled to terminate the insurance agreement up to a month after you have been informed of the alteration with effect from the day that the alteration takes effect. You do not have this right of termination if an alteration to the insurance terms and conditions is a direct result of legal measures, legal regulations or legal stipulations.

## Article 6 Commencement, duration and termination of the supplementary insurance

### 6.1 Commencement and duration

The insurance agreement comes into force on the day on which the health care insurance commences or the first day of the calendar year. If you apply for health care insurance from us, then you give us permission to terminate your old health care insurance with a Dutch insurer. This permission also applies to the supplementary insurance. If the supplementary insurance does not have to be terminated, then you must state this on the application form.

The supplementary insurance is entered into for the calendar year in which the supplementary insurance takes effect. After this period has expired, the supplementary insurance will be automatically extended for a period of one calendar year.

### 6.2 Acceptance for supplementary insurance

#### 6.2.1 Health care insurance

You can only take out additional (dental) insurance as a supplement to the basic health insurance you have taken out with us. Taking out supplementary (dental) insurance without basic health insurance is not possible unless separate agreements have been made with your employer that relate to an employee package.

### 6.2.2 Family cover

All the people covered by the health insurance policy 18 years of age or older can agree supplementary insurance of their choice. Children younger than 18 years of age cannot receive more extensive insurance than the adult with the most extensive insurance covered by the health insurance policy.

### 6.2.3 Alterations to supplementary insurance

You can alter your supplementary insurance. The stipulations of 6.2.2 will then apply. The person covered by the insurance policy must inform us of the alteration by no later than 31st December. The change will then become effective as per 1 January of the following calendar year (with retroactive effect if submitted after 1 January). Relating to healthcare subject to reimbursement periods of more than one calendar year, such terms will continue if supplementary insurance policies are amended within Aevitae. This means that any reimbursements paid out previously pursuant to a previous supplementary insurance policy will be transferred to the new supplementary insurance policy. This is subject to the condition that your new supplementary insurance policy covers reimbursement of this service or treatment.

## 6.3 Termination by law

### 6.3.1 The supplementary insurance is terminated by law on the day following the day on which:

- The health care insurer is no longer allowed to offer or provide insurance as a result of an alteration or withdrawal of its license to act as an insurance company.
- The person covered by the insurance policy passes away.
- The health care insurer stops offering and providing the supplementary insurance.

You, as insurance policy holder, are obliged to inform us as quickly as possible of the death of a person covered by the insurance policy or of any other facts and conditions concerning the person covered by the insurance policy which have led to or could lead to the end of the supplementary insurance. We will send you proof of termination as quickly as possible once we have determined that the supplementary insurance is terminated or will be terminated.

If the supplementary insurance ends because we stop offering the supplementary insurance concerned, we will inform you, as the insurance policy holder, of this no later than three months before the supplementary insurance ends.

## 6.4 Times when the insurance policy may be terminated

### 6.4.1 Annually

The policy holder can terminate the supplementary insurance on 1st January of every calendar year on the condition that we receive notice of such no later than 31st December of the previous year;

### 6.4.2 Intervening times

The policy holder may terminate the supplementary insurance in the intervening time in writing:

- In the event of an alteration to the premium and/or the terms and conditions as stated in article 5.2.
- At the same time as when the health care insurance is terminated.

6.4.3 To terminate the supplementary insurance as stated in articles 6.4.1 and 6.4.2, you may also use the termination service provided by the Dutch Health Care Insurers.

## 6.5 Termination, annulment or suspension of the supplementary insurance

We can terminate, annul or suspend the supplementary insurance in writing:

- On account of non-timely payment of money owed as stated in article 3.5.
- If fraud has been committed (see article 2.4).
- If you have deliberately not provided us with information, have deliberately provided us with incomplete information or have deliberately provided us with incorrect information which is (or can be) disadvantageous to us.
- If you have acted with the purpose to mislead us or if we would not have provided supplementary insurance if we had known the real state of affairs. In these cases, we can terminate the supplementary insurance within two months of discovery with immediate effect. In these cases, we are not obliged to pay any compensation or can opt to reduce the compensation. We can settle any money to be reclaimed with outstanding payments for compensation.

## Article 7 Complaints and disputes

### 7.1 Complaint Management

7.1.1 You can be sure that all matters concerning your supplementary insurance will be taken good care of. Nevertheless, it is possible that not everything will be as you would wish. We will be glad to hear your complaints and suggestions. You can send your complaints to: Klachtenmanagement, Postbus 2705, 6401 DE Heerlen, the Netherlands. You can also send an e-mail to [klachtenmanagement@aevitae.com](mailto:klachtenmanagement@aevitae.com). The Complaint Management department deals with complaints on behalf of the management.

7.1.2 Within 15 days you will receive a response to your complaint from us. If you are not satisfied with the decision or if you haven't received a response within 15 days, you can submit your complaint or dispute to the Dutch Authority on Healthcare Insurance Complaints and Disputes (Stichting Klachten en Geschillen (SKGZ)), P.O. Box 291, 3700 AG Zeist, [www.skgz.nl](http://www.skgz.nl). Instead of going to the SKGZ, you can also submit your complaint to the arbitrator for financial services in Malta (Office of the Arbitrator for Financial Services, 1st Floor, St Calcedonius Square, Floriana FRN 1530, Malta, telephone +356 8007 2366 or +356 21 249 245 or [complaint.info@financialarbiter.org.mt](mailto:complaint.info@financialarbiter.org.mt)). Please note that the arbitrator in Malta will only handle cases once you have received a final decision from us on your complaint. You can also submit the dispute to the competent court.

### 7.2 Complaints about our forms

7.2.1 If you feel there is no need for a certain form or that a form is too complicated, then you can send your complaint to: Klachtenmanagement, Postbus 2705, 6401 DE Heerlen, the Netherlands. You can also send an e-mail to [klachtenmanagement@aevitae.com](mailto:klachtenmanagement@aevitae.com).

7.2.2 You will receive a reaction to your complaint within 30 days. If you are not satisfied with the answer or do not receive a reply within 30 days, you can place your complaint before the Dutch Health Care Authority, care of the Informatielijn/Meldpunt, PostbusBox 3017, 3502 GA Utrecht, the Netherlands or send an email to [informatielijn@nza.nl](mailto:informatielijn@nza.nl). The website of the Dutch Health Care Authority ([www.nza.nl](http://www.nza.nl)) explains how to submit a complaint about forms.

## Article 8 Health care and waiting list mediation

You have the right to mediation for health care if there is a unacceptably long waiting list for treatment by a health care provider who is allowed to provide the care according to the supplementary insurance policy. You can call upon our Team Medical for this health care mediation. You can also call upon our Team Medical for general questions about health care. Issues include finding a health care provider with specific expertise or needing help to find your way in the health care system. We will discuss what your options are.

## 3 Reimbursements

### Article 1 Physiotherapy after an accident

#### Description

We reimburse the costs of medically necessary physiotherapy or exercise therapy after an accident as described in Appendix 1, if:

- the treatment is given as a direct result of an accident, and
- the accident took place in the Netherlands, and
- the treatment is not covered by the basic health insurance or another supplementary insurance.

#### Conditions for reimbursement

- Treatment and screening is performed by a physiotherapist, Cesar or Mensendieck remedial therapist, pelvic therapist, edema therapist, manual therapist or geriatric physiotherapist contracted by us;
- If you go to a non-contracted care provider, we reimburse up to a maximum of the market rate;
- Treatment must be medically effective;
- This compensation only applies to accidents that occurred during the term of this insurance.

## Exclusions

In addition to the exclusions described in Appendix 1, you are not entitled to compensation if the complaint arose at your work or during a company outing.

## Examples

The following situations are examples where you are entitled to reimbursement:

- a. You fell down a flight of stairs and broke your shoulder.
- b. You have been hit by a bicycle or car.
- c. During a hockey game, your opponent hits your knee with his stick, causing the kneecap to break.

The following situations are examples where you are not entitled to reimbursement:

- a. Participating in a water polo match, while your shoulder has been bothering you for some time.
- b. When moving, you lift a box off the ground and hurt your back.
- c. You tear your Achilles tendon while playing volleyball.

## Reimbursement

- Collectief Zeker Pakket From age 18: a maximum of 9 treatments per calendar year.

## Article 2 Royal Doctors Services

### Description

You will receive full reimbursement for Royal Doctors' services. Royal Doctors offers the following services:

#### a. Ask Royal Doctors

Do you have a question about your health or are you unsure about the next step? Then you can call Royal Doctors at telephonenumber 0031 85- 10 70 907. They help you with your medical questions about, for example, problems with exercise, nutrition or sleeping, about pain (medication), allergies, addiction, (w)men's health and many other topics.

#### b. First Opinion Consultation

With the First Opinion Consultation you will have direct access to the right specialist within 10 days after referral by your GP. And Royal Doctors organizes the consultation for you. This way you can make decisions about your health quickly and with confidence. For whom: anyone with medical complaints who is referred by their GP to a medical specialist. You can call Royal Doctors at telephonenumber 0031 85- 10 70 907.

#### With which medical complaints can I use this service?

Orthopedic complaints: hip, knee, foot, wrist, shoulder and elbow. Also back and neck problems, cardiology, stomach and intestinal diseases, ear, nose and throat diseases, eye diseases, skin diseases, mental health care and STD clinic.

#### c. Second Opinion

The second opinion is carried out by an (international) specialist from the Royal Doctors network. The assessment takes place on the basis of your existing medical file. You will not be physically examined by a Royal Doctors specialist.

#### Condition for reimbursement

You must request this second opinion in advance by telephone at telephonenumber 0031 88-35 35 763.

#### d. Complex Illness Solutions

Have you already undergone various treatments, visited several doctors and the complaints are still not resolved? In other words, you are in a hopeless situation and want to know for sure whether and what can still be done to relieve you of your complaints. Please contact Royal Doctors.

Your medical file will then be examined in detail again to find new solutions or to provide relief from the complaints. Royal Doctors can also help you find out what options are still available if you have already undergone countless treatments and nothing helps.

#### Condition for reimbursement

You must request this second opinion in advance by telephone at telephonenumber 0031 88 35 35 763



## Appendix 1 Accident

### 1.1 What is an accident?

In these policy conditions, 'accident' means the following: a sudden, unintended, external, immediate violent effect on the body of the insured, which is the direct and exclusive cause of objectively medically identifiable physical injury.

**The following is equated with an accident:**

- a. burn, frostbite, lightning strike, electrical discharge, sunstroke;
- b. drowning, suffocation, ingestion of germs by accidental fall into water or any other liquid or solid substance;
- c. non-bacterial poisoning (not being viruses) insofar as not attributable to alcohol, narcotic, stimulant, sleeping and medicines, including soft and hard drugs;
- d. exhaustion, starvation or thirst as a result of involuntary isolation from the outside world;
- e. wound infection and blood poisoning directly related to an accident;
- f. anthrax (anthrax), ring fire (trichophytia), Bang's disease (brucellosis), sarcoptic mange, cowpox (vaccinia);
- g. aggravation or complications of accidental injuries as a direct result of first aid or medical treatment of accidental injuries;
- h. acute poisoning due to the unintentional ingestion of toxic gases/vapours of solid or liquid substances (not being viruses or bacterial germs).

### 1.2 What is an accident?

Excluded are accidents that happened to the insured person:

- a. by intent or with the consent of the insured or of a person with an interest in the payment. There is no cover for self-mutilation, suicide or an attempt to do so, regardless of whether the insured is accountable or not in carrying out his intention;
- b. in fights or ventures other than for lawful (self)defence, rescue or preservation of persons, animals or property;
- c. by illness or by medical treatment, including any form of radiation, unless such treatment or radiation took place in connection with an accident or accident consequence for which payment was or will be made by the insurer under this policy;
- d. by committing or participating in a crime or attempting to do so;
- e. by the use of alcohol, or by drugs, narcotics, sleeping, stimulants or similar substances, including soft and hard drugs;
- f. when participating in or preparing for speed, record, performance and reliability competitions with motor vehicles and motor vessels;
- g. in preparation for or participation in combat sports or competitions with motor vehicles, bicycles, horses, ski, sled, ice hockey, go-kart or rugby competitions or during mountain or glacier tours, which are generally not undertaken without a guide, or voyages of discovery;
- h. while practicing any dangerous sport such as abseiling, bungee or base jumping. A sport should be regarded as dangerous if, according to social standards, at the discretion of a referee, it is regarded as such;
- i. as a result of participation in aviation other than as a passenger lawfully residing in an aircraft equipped for passenger transport, while it is used for civil air traffic;
- j. as an amateur glider pilot or as a passenger on a glider, unless participating in civil air traffic and the aircraft is operated by a pilot in possession of a valid glider license;
- k. during or through the practice of underwater sports using so-called "underwater equipment";
- l. because the insured, as driver of a motor vehicle, is under the influence of intoxicants, narcotics, stimulants or similar substances, including alcoholic beverages, soft and hard drugs, unless the insured or the beneficiary proves that there is no causal link between the accident and the use of said substances;
- m. caused by or arising from war, being:
  - an armed conflict: any case in which states or other organized parties fight each other, or at least one the other, with military force. This also includes armed action by military units under the responsibility of international organizations such as the United Nations, the North Atlantic Treaty Organization or the Western European Union;
  - a civil war: a more or less organized violent struggle between inhabitants of the same state, in which a significant part of the inhabitants of that state is involved;

- an insurrection: organized violent resistance within a state, which is aimed at public authorities;
  - internal disturbances: more or less organized violent acts that occur in different places within a state;
  - a riot: a more or less organized local violent movement directed against public authorities;
  - mutiny: a more or less organized violent movement of members of an armed force, in which the movement is directed against the authority under which they are placed;
- n. caused by, occurring during or arising from nuclear reactions, regardless of how the reaction originated. Nuclear reactions are understood to mean any nuclear reaction in which energy is released, such as nuclear fusion, nuclear fission and artificial and natural radioactivity. This exclusion does not apply to damage caused by radioactive materials located outside a nuclear installation and used or intended to be used for industrial, commercial, agricultural, medical, scientific, educational or (non-military) security purposes. This is subject to the condition that a competent authority has issued a license for the manufacture, use, storage and disposal of radioactive substances. However, the exclusion remains in effect to the extent that a third party is liable for the damage suffered on the basis of a law or treaty. 'Nuclear installation' is understood to mean a nuclear installation within the meaning of the Nuclear Accidents Liability Act (Staatsblad 1979-225), as well as a nuclear installation on board a ship;
- o. while the insurance is void;
- p. due to correct or incorrect execution of an order or an order during any condition or action referred to in Article 8.1.n.

### 1.3 Not covered

The insurance does not cover the occurrence or aggravation of an intestinal hernia (hernia) or intervertebral disc injury (hernia nuclei pulposi).

### 1.4 Excluded circumstances

We do not reimburse the costs in case the insured:

- a. fails to fulfill an obligation, as a result of which the interests of the insurer have been or will be harmed;
- b. intentionally provides an incomplete or incorrect statement.



**Meer weten?**

Voor al uw vragen over de informatie in deze polisvoorwaarden kunt u terecht bij onze ervaren Zorgconsulenten. U kunt hen bereiken op werkdagen van 08.30 tot 17.00 uur op telefoonnummer 0115 - 61 83 44.

Daarnaast vindt u alle antwoorden op veelgestelde vragen op [www.ditisblend.nl](http://www.ditisblend.nl)

**Blend**

Mr. F.J. Haarmanweg 16  
4538 AR Terneuzen  
[zorg@wittebousen.nl](mailto:zorg@wittebousen.nl)