



Sworn statement regarding travel expenses other than ambulance costs and not reimbursable by compulsory insurance (only in the event of serious illness)

Insured person's identification :
** Or attach a mutual insurance sticker*

Last name* :

First name* :

National number* :
 (if not available, enter date of birth)

Bank account number :

Name of doctor or healthcare facility	Date of visit	Number of km round trip	Stamp or signature of the doctor or center

