APPLICATION FORM PHYSIOTHERAPY ABROAD

DSW zorgverzekeraar

To be eligible for reimbursement for physiotherapy abroad, you must apply for prior authorisation from DSW Zorgverzekeraar. To do this, please have your practitioner complete this application form and send it to info@dsw.nl, for the attention of 'Afdeling Declaraties Paramedie'

Incomplete applications will not be considered.

INSURED PERSON'S DETAILS

Initials and surname : _____

Date of birth : _____

Insurance number : _____

PRACTITIONER'S DETAILS

Name : _____

Street address : _____

Postcode and town/city : _____

AGB code : _____

Telephone number : _____

Staying abroad from : _____ - _____ - _____ until _____ - _____ - _____

Are you already receiving treatment in the Netherlands for the same physical symptoms?

Yes. Complete questions 1 to 6.

No. Complete questions 7 to 9.

PLEASE COMPLETE THIS SECTION IF THE INSURED PERSON IS ALREADY RECEIVING PHYSIOTHERAPY IN THE NETHERLANDS

1. What is the indication for physiotherapy treatment?

2. What short-term and long-term treatment goals have been set?

Short term:

Long term:

3. What treatment methods (therapeutic interventions) are being used?

4. Why is it medically necessary for physiotherapy treatment to be continued abroad, what treatment methods are required for this, and how often (number of sessions)?

Medical necessity:

Treatment methods:

Frequency: _____ treatment(s) per _____ *

* Select week, month or year here

5. Why can't the exercises be performed independently whilst staying abroad?

6. Why can't the treatment be postponed until the patient returns to the Netherlands?

TO BE COMPLETED IF PHYSIOTHERAPY TREATMENT NEEDS TO START IMMEDIATELY WHILST ABROAD

7. For which medical condition do you need to be treated abroad?

Please attach the referral letter/treatment recommendation

8. Why can't the treatment be postponed until the patient returns to the Netherlands?

9. Treatment plan

a. What targets have been set?

9. Treatment plan – continued

b. What treatment methods are being used?

c. How many treatment sessions are expected to be needed to achieve the set goals?

SIGNATURE

Date : _____ - _____ - _____

Name of practitioner : _____

Practitioner's signature: _____