

Information concerning treatment expenses

- You must fill in the Claim number.
- 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 refund request form.
- You can send in your form by our encrypted e-mail: <https://sikker.vertikalhelse.no/>
- Your expenses will be refunded within 20 days, assuming the form is complete and correct.

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<https://sikker.vertikalhelse.no>

MUST FILL OUT
Claim No:

Name:	Date of Birth:
Address:	Postal Code/Place:
Telephone No:	E-mail:
Bank account No/IBAN/SWIFT:	

Purpose (Physiotherapy/Psychologist)	Appendix No	Date, hours	Specification	Total km	SUM

What kind of illness have you been treated for:
Comments:

Date Signature