



Aevitæ
Postbus 2705
6401 DE Heerlen
mg@aevitae.com

Application form for fertility treatment abroad

You need a valid referral to be eligible for this care.

1. Personal details

Name: _____
Address: _____
Postal code and town/city: _____
Phone number: _____
Policy number: _____
E-mail address: _____
Date of birth: _____

2. Referrer details

Name: _____
Profession: _____
Phone number: _____
AGB-code: _____

3. Healthcare organization/institution referred to

Name of organization/institution: _____
Name of treating medical specialist: _____
Address: _____
Postal code and town/city: _____
Country: _____
Phone number: _____
E-mail address: _____

4. Medical care (personal statement)

- For what medical care do you want to go abroad and why do you want to go abroad for this care?

- What treatment will take place?

IUI, KI(D)

IVF or ICSI

Please select any of the following treatments that will take place during IVF/ICSI:

MESA

PESA

TESE

GIFT

PGD*

PGS

Assisted hatching

Egg donation

Sperm donation

* In case of PGD, please include the specific indication by the treating specialist.

What number of IVF/ICSI attempt is requested?

Expected start date:

- Will part of the treatment take place in the Netherlands?

No Yes, namely:

5. Please attach the following documents

If any of these documents are missing, we cannot process your application. All documents must be:

- written in Dutch, English, French, German or Spanish;
- submitted on official letterhead from the institution;
- signed by the treating physician.

The referral letter

This contains the following information:

- Insight into the preliminary process (which treatments have already taken place);
- Reason for choosing the desired organization/institution. Reason for going abroad for treatment to the healthcare provider of your choice;
- If applicable, established medical findings.

The treatment plan of the healthcare provider abroad

- The established diagnosis;
- Argumentation for the chosen treatment;
- Description of which treatments have already taken place;
- What techniques are used.

The quote

- The quote is itemized. It must be clear which costs will be charged.
- The quote lists medication separately with quantities and rates.

Where to submit this application:

mg@aevitae.com

Or via our secure online contact form [Indienen medische aanvraag](#).

If the application form is not fully completed and/or the mandatory attachments are missing, we will not process your application.

Do you have another question? Please fill out the [contact form](#).