



Aevitae

Postbus 2705

6401 DE Heerlen

[mg@aevitae.com](mailto: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](mailto: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](#).