

## Diaverum d.HOLIDAY fly back programme: Reimbursement claim

### PATIENT DETAILS

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Full name:

Home address, including country of residence:

Tel:

E-mail:

### HOLIDAY DETAILS

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Country of holiday destination:

Name of holiday dialysis clinic:

Booking reference (applicable to online booking only):

Dates of holiday dialysis reservation/s:

### TRAVEL DETAILS OF REIMBURSEMENT CLAIM

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Date/s of travel:

Departing city (specify name of airport, train station etc):

Arriving city (specify name of airport, train station etc):

### BANK DETAILS

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Name of bank:

Bank account holder:

Bank account number:

IBAN number:

SWIFT/BIC:

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### EXPENSE DETAILS

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Please describe the costs to which your reimbursement claim/s are related:

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#### Please note!

In order for reimbursement claim to be valid, the following needs to be attached to this claim form:

- a) Original receipts of expenses, as described in the expense details above
- b) Accompanying letter from responsible physician confirming or explaining the transplantation event