



Do you ever wonder why incidentally, you only receive partial or no reimbursement? This may have to do with the mandatory deductible from your insurance. We think transparency is important, which is why we would like to give you some information about this system.

Own risk or mandatory deductible

There are two types of deductible: the compulsory deductible and the voluntary deductible.

What are the compulsory and voluntary deductible?

Once you are above the age of 18, you must first pay some of the care that falls under the basic insurance yourself. That section is called the compulsory deductible. The amount of the compulsory deductible is determined by law and amounts to € 385 per person in 2024.

In addition to the compulsory deductible, you can choose a voluntary increased deductible from your health insurer. You can, for example, pay an amount of € 100 - € 500 per year, which for your own account, on top of the compulsory deductible.

Regarding the healthcare in our clinic, the treatment is covered by the basic insurance. It should not matter whether you decide to be treated in our clinic or receive treatment in a different healthcare institution or hospital. Should you come to our clinic to receive treatment, while not having made any healthcare costs in 2024 the cost of the treatment will be settled by your deductible amount of (minimum) € 385 by your health insurer against the invoice submitted.

Calculation Example

Suppose you draw up to € 1.000 in medical costs which are covered under the basic health insurance for the first time this year. Since we are not contracted, your health insurer will usually reimburse you 70% of the bill on average, depending on your policy. You have also opted for a voluntary deductible worth € 200.

Reimbursement health insurer (70%)	€700,00
Mandatory deductible	€385,00 -
Voluntary deductible	€200,00 -
Reimbursement from health insurer	-----
after calculation of deductible	€115,00
Mandatory deductible	€385,00
Voluntary deductible	€200,00
Reimbursement health insurer	€115,00

You must pay the healthcare provider	€700,00
Amount treatment (invoice)	€1000,00
Payment to health insurer	€700,00
"Stichting Love your legs" stops	-----
the non-insured part	€300,00
	(=discount)

We believe that you as a patient should not be disadvantaged by the costs of the non-reimbursed part of the invoice, which is why we will give you a discount on your treatment. This means that we will remit the amount your health insurer does not compensate.

How can I receive the discount?

- Submit the care invoice directly to your health insurer Directly submit the invoice with your health insurer
- Send the declaration specification from your health insurer to us by email within the payment term
- You will receive the benefit from your health insurer
- Transfer the maximum reimbursement to us within the payment term.
- Please note: you must supplement any (voluntary) deductible deducted by the health insurer yourself
The non-reimbursed part (personal contribution) will be waived/stopped by us

Finally

We hope to provide clarity about the costs of your visits and/or medical treatment.

For general questions about your health care bill, you can contact your health insurer's customer service directly.

For more information about your care invoice, we also refer you to our website and to www.dezorgnota.nl.

Because we have no contracts with health insurers, we cannot declare your care invoice directly and you must submit it yourself for reimbursement. Depending on your policy, the health insurer determines what amount you will be reimbursed.