Ziekenhuis Amstelland
aangenaam dichtbij

Patient information

Explanation regarding the payment of medical care

Are you going to the hospital in the near future? Please view your healthcare insurer's website to see which hospitals are contracted by them. Please also check your policy conditions to make sure if the costs of your treatment will be compensated. Please also do this when you take out a supplementary insurance. If you cannot find the answers or are not sure which hospitals are contracted by your healthcare insurer please contact your healthcare insurer.

The Dutch standard health insurance covers most medical care, such as medical care by general practitioners, medical specialists and midwives, admittance to the hospital, prescription medication and medical appliances. The Minister of Health, Welfare and Sport determines which medical care is covered by the standard health insurance. The content of the standard health insurance is the same for each insured person and every healthcare insurer.

Compulsory deductible
All persons aged 18 and up have a compulsory deductible for the healthcare insurance. The government determines the height of this amount each year. Compulsory deductible does not apply to the general practitioner, maternity and obstetric care. It does apply to all other forms of care in the standard health insurance. If you enjoy medical care you will therefore always first pay the compulsory deductible. In addition to the compulsory deductible you can decide upon a voluntary deductible with your healthcare insurer.

For instance, when the starting date of your treatment in the hospital is in November of one year and your treatment is finalized in February of the next year you will receive a notice from your healthcare insurer in the new year that the invoice has been paid. A settlement will take place with the (outstanding) deductible of the previous year.

Most care provided by the hospital is covered by the standard health insurance. This care will be compensated by the healthcare insurer. If you receive medical care at a hospital that is not contracted by your healthcare insurer you will have to pay (a part of) the costs yourself. The hospital will then charge you with the so-called 'visiting patient' price. An indication for these prices can be found on the website of the hospital: www.ziekenhuisamstelland.nl. For medical care that is compensated by the supplementary insurance you will receive the invoice at your home address. You will need to declare these medical costs with your healthcare insurer yourself. Care that is not medically necessary (for example cosmetic surgery) is not covered by the standard health insurance. Questions regarding the costs of a treatment can be directed to the DOT Office of the hospital.

Referral letter always required
You always need a referral for medical care if you want this care to be

reimbursed by your healthcare insurer. If you do not have a referral letter you may have to pay for the treatment yourself or it is possible you will only be treated when you can present a referral letter. You are responsible for obtaining a referral letter. In most cases you will receive a referral letter via your general practitioner, but other health care providers or specialists can also refer you to the hospital.

If you are not insured

Every person living and working in The Netherlands is required by law to insure oneself for medical expenses. If, despite this legal obligation, you are not insured, you can insure yourself still. If you do not insure yourself you will need to pay the costs of the treatment in full. You will usually pay an advance of the costs beforehand. The current advance prices can be found on the website of the hospital. The advance can be paid in cash, by debit card or credit card. When the price of your treatment exceeds the amount of the advance you will receive an invoice for the remaining part of the invoice. Should the costs of your treatment turn out to be lower you will be reimbursed for the difference. If, for whatever reason, you are either uninsured or not fully insured, please notify the co-worker at the Registration Desk or the Emergency Room or the Admittance Department immediately. If you have any questions regarding this, please contact your healthcare insurer or the DOT Office of the hospital.

How is the price of your treatment determined?

Hospitals use Diagnosis Treatment Combinations (DOTs) to charge for medical care. In a DBC the diagnosis and treatment befitting your demand for care is embedded. Your total treatment, from the first visit with the medical specialist up until the last visit can consist of several DOTs. Every DOT has each own price and the first period of a DOT is open for a maximum of 90 days. If the treatment has not been finished after this period a follow-up DOT will be opened. This follow-up DOT will stay open for a maximum of 120 days. When a DOT period is closed the hospital will send the invoice to the healthcare insurer or to the patient directly. Only when the diagnosis and the exact treatment program are known will it become possible to determine the right DOT and the price that goes with it. It is therefore often not possible at the start of the treatment to determine the final amount that will be charged eventually. It is possible to give an estimation of the price. You can find this price on the website of the hospital.

Your healthcare invoice

After the closure of a DOT period the hospital will claim the invoice with your healthcare insurer or the patient. The healthcare insurer checks the invoice and processes it. When this process is finalized you can view the healthcare invoice of your healthcare insurer in digital form via the 'my account' section. You can retrieve the exact costs of treatments that started after 1 June 2014. The healthcare invoice states: the name of the hospital, the specialism, the consumer description of the DOTs, the costs, the start and end date of a DOT and the healthcare activities. If you do not yet have an online account with your healthcare insurer you can apply for one via the website of your healthcare insurer.

Emergency Room and After Hours Medical Clinic (general practitioner)

Are you visiting the Emergency Room of a hospital? In that case the costs will fall within your deductible. If the costs exceed the amount of your deductible those extra costs will be paid by the healthcare insurer, even if your

healthcare insurer does not have a contract with the hospital.

If your situation is not life threatening please visit the general practitioner or the After Hours Medical Clinic. The costs of a visit to the After Hours Medical Clinic will not affect your deductible. If necessary the general practitioner will refer you to the hospital. The After Hours Medical Clinic is open during the evening, night, in the weekend and during the holidays.

Do you have a new healthcare insurer?
The hospital sends the invoice for medical care to the healthcare insurer where you were insured on the starting date of the DOT concerned. That healthcare insurer will thus get the invoice, even if during the treatment you switch to another healthcare insurer. The starting date of the DOT period concerned is also decisive for which year the deductible will be addressed.

More information:

- www.ziekenhuisamstelland.nl
- https://www.ziekenhuisamstelland.nl/en/
- https://www.government.nl/topics/health-insurance

Do you have any questions regarding your invoice? Send an email to dot@zha.nl or call 020 7557125 (Tuesday and Thursday between 9 AM and 11.30 PM) or contact your healthcare insurer.