**Bijlage 39**

**VERZENDINGSBORDEREL**

**PAPIEREN DRAGERS**

IDENTIFICATIE

|  |  |  |
| --- | --- | --- |
| INRICHTING: | MEDISCHE RAAD: |  |
| - Benaming:................................................................. | - Benaming:......................................................................... |
| - Adres:........................................................................ | - Adres: ............................................................................... |
| - Postnr.: - Gemeente: ................................................. | - Postnr. – Gemeente: .......................................................... |
| - Erkenningsnummer: .................................................. | - RIZIV-nummer: ................................................................ |
| - Rekeningnummer:..................................................... | - Rekeningnummer:............................................................. |
| IDENTIFICATIE VERBOND OF GEWESTELIJKE DIENST |  |  |
| - Benaming:........................................................................................................................................................................................ |
| - Nr. Verbond: ................................................................................................................................................................................... |
| - Adres:............................................................................................................................................................................................... |
| - Postnr. – Gemeente: ......................................................................................................................................................................... |
| ZENDINGNUMMER: ...................................................................................................................................................................................... |
| FACTURERINGSPERIODE: ................. tot ..................................................................................................................................................... |
| MAAND FACTURERING: …../….. |  |  |
| IDENTIFICATIE PAPIEREN DRAGERS |  |  |
| Bedragen ten laste V.I. |
|  | Voor Rek. Inrichting | Voor Rek. Med. Raad |
| Nummer verzamelfactuur: |  |  |
| ................................................................................................... |  |  |
| Nummer Verzamelstaat van getuigschriften: |  |  |
| ................................................................................................... |  |  |
| TOTAAL: |  |  |
| VISUM VERPLEGINGSINRICHTING | VISUM MEDISCHE RAAD |  |
| DATUM: .................................................................................... | DATUM:......................................................................................... |
| NAAM: ...................................................................................... | NAAM: ........................................................................................... |
| Hoedanigheid: ............................................................................ | Hoedanigheid: ................................................................................. |
| Handtekening | Handtekening .................................................................................. |

Voorbehouden aan de verzekeringsinstelling

* Ontvangstdatum: ….. ….. …..
* NAAM:
* Handtekening

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