

## Application form Saman Health Fund

For students w/HVL in Sogndal and Førde

Last name	Surname, middle name	Birth date
Address	Zip-code/city	
Phone number	E-mail	
Norwegian account number(11 digits)	Name of the account holder	
Department of HVL		

Expenses for  Doctor, medicine, hospital  Psychologist  Physical therapy  
 Chiropractor  Dentist  Transportation

I applied for a refund from the health fund earlier

Yes  No

The expenses apply for semester  Spring<sub>(1.jan-30.jun)</sub>  Fall<sub>(15.aug-31.des)</sub>

Application for expenses at a total of NOK: \_\_\_\_\_

### In addition to this form, following documents must be attached:

All applications: Proof of paid semester fee for the relevant semester.

Expenses for doctor, medicine, hospital, psychologist:

Printout of registered patient's charges. Limit 1 of patient charge from Helsenorge.no, or specified receipts if you do not have access to Helsenorge.no.

Expenses for physical therapy:

Printout of registered patient's charges. Limit 2 of patient charge from Helsenorge.no, or specified receipts and doctor's reference if you do not have access to Helsenorge.no.

Expenses for chiropractor:

Specified receipts and a statement from the chiropractor about the need for, and form of, treatment.

Expenses for dentist:

Specified receipts and a statement from the dentist about the need for treatment.

Expenses for transportation:

Statement from a doctor about the need for transportation.

Taxi-receipts specified with date, time and address for pick up and arrival.

\_\_\_\_\_ Date/place

\_\_\_\_\_ Signature