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HEALTH CARE

INSIDE THIS BOOKLET

1.	INTRODUCTION	1
2.	DUTCH NATIONAL HEALTH INSURANCE	2
3.	THE FAMILY DOCTOR (<i>HUISARTS</i>)	5
4.	THE DOCTOR-PATIENT RELATIONSHIP	8
5.	HOSPITALS.....	8
6.	DENTAL CARE	9
7.	MENTAL HEALTH.....	10
8.	PHARMACIST AND CHEMIST (<i>APOTHEEK</i>)	10
9.	MATERNITY	13
10.	COMPLAINTS.....	17
11.	USEFUL WEBSITES	17

1. INTRODUCTION

Every country has a different way of providing health care for its residents. The purpose of this information booklet is to help you understand the Dutch health care system.

2. DUTCH NATIONAL HEALTH INSURANCE

There is just one health insurance system in the Netherlands, called the *Zorgverzekeringswet (ZVW)*. It is a legal obligation for everyone who is registered as resident in the Netherlands to be insured for healthcare by a Dutch health insurer, except for expat workers of certain international organisations and embassies. If you have an international health insurance, please check if this insurance is accepted in the Netherlands, by calling the College for Health Insurances (*College voor Zorgverzekeringen*): tel. (020) 7978555.

Health insurance companies have an obligation to accept everyone for the standard package, irrespective of gender, age and health. The coverage of this standard package (*basisverzekering*) is determined by the government and is subject to ongoing review and change. This standard package (*basisverzekering*) generally covers:

- hospital care at Class III
- medication
- rehabilitation
- medical care by specialists, GPs and midwives
- dental help for persons younger than 22
- therapists, such as speech therapists and dieticians
- mental health care
- maternity care
- necessary medical help during a holiday or business trip abroad, worldwide

You can choose between three types of insurance policies:

- policy in kind: the insurance company concludes sufficient contracts with health care suppliers in order to deliver health care. The insurance company pays the bill directly to the health care supplier.
- restitution policy: you choose the health care supplier yourself and pay the bills yourself, after which the health insurance company reimburses you.

- combination policy: part of the bill is paid by the insurance company and the rest is paid by yourself

It is possible to take out additional health insurance but, unlike the basic insurance policy, the insurance companies are *not* obliged to accept you for this additional insurance. The additional health insurance can cover physiotherapy, spectacles, dental help for persons of 22 years and older, alternative medicine such as homeopathy and acupuncture. The contents and premium differ per insurance company.

The premium is divided into two parts. The first part consists of a nominal annual premium of an average of €1,158 (the exact amount differs per insurance company). This nominal premium includes an own risk of €165 per year. Visits to a GP, obstetric care and maternity care will not affect this own risk. The other part is an income-related contribution to the tax authorities. This contribution must be paid by your employer from your salary. If you have a low income you can receive a contribution towards the health insurance premium from the tax authorities. This care allowance is called *Zorgtoeslag*.

Family members are required to take out health insurance. Partners who have no income pay only the nominal premium. Children under the age of 18 must also be insured, but are covered under their parents' premium, as long as they do not have their own income.

At the end of every year the new premiums and changes in the basic and additional package are announced. You may choose a different insurance company on 1 January of every year. You need to inform your old insurance company before 1 January that you want to cancel your health insurance.

A complete list of all health insurance companies, their websites, addresses and telephone numbers can be found on www.zn.nl/De_branche/Links/Zorgverzekeraars/index.asp (in Dutch). The following websites can help to find a health insurance company that offers a package that fits your needs: www.independer.nl/zorgverzekering/intro.aspx (in Dutch) and www.kiesbeter.nl/Zorgverzekeringen/ (in Dutch).

For more information about the *Zorgtoeslag* call the Tax Telephone (*Belastingtelefoon*) number: 0800 0543 (no cost from a landline telephone).

The standard and additional insurance packages do not cover all medical expenses. The General Act for Exceptional Medical Expenses (*Algemene Wet Bijzondere Ziektekosten*, AWBZ) covers basic medical expenses such as :

- personal care, e.g. help with bathing, dressing, shaving, eating, drinking
- nursing, e.g. giving medication, wound care, giving injections
- additional support, e.g. help in housekeeping, support in maintaining a structure for every day life
- activating support, e.g. support to be more independent and have social activities
- treatment, e.g. treatment of a depression by a psychiatrist, rehabilitation after an accident
- residence in an officially recognized AWBZ institution, e.g. living in sheltered accommodation.

Everybody who has a health insurance is automatically insured and the premium is paid as a part of the tax.

Insured persons can, except when the issue centres on 'treatment' or 'residence', choose between care in kind or a personal budget.

A personal budget (*persoonsgebonden budget, PGB*) is a sum of money that you can use to purchase care, help and support for yourself. You choose your helpers and carers yourself, or you contract with an organisation that will work according to your instructions. You make agreements with them on what needs to be done, the days and hours when the helper will work for you and the amount you pay from the PGB for that work.

Opting for a PGB means that you yourself arrange the help and support you receive. That has many advantages, but there is also work involved. You accept responsibility for the following tasks:

- Looking for help providers or an agency that can provide you with help or support
- Making arrangements and entering into agreements with help providers
- Paying your help providers
- Keeping financial records.

You can use your personal budget to engage a range of people and organisations to provide help and support. You must always sign written agreements with those people or organisations. In the agreements you record what work arrangements you have made and what you will pay for the services provided. You will also need these agreements if the care administration office asks you to provide detailed accounts as part of a random check on your records.

Choosing the right agreement calls for some care. You will be faced with questions such as whether or not to deduct tax, health insurance and national insurance contributions from your helpers and support providers. Since that can differ from one agreement to another, it is advisable to seek expert advice. The budget holders' association, Per Saldo (www.persaldo.nl) and the PGB Service Centre of the Social Insurance Bank (www.svb.nl) can help you choose the right agreement.

A PGB is not obligatory. You can also receive help through a care body. This is called "care in kind". If you choose for care in kind, you do not need to keep any accounts, because the organisation decides who comes to work for you, what the helpers can do and at what times.

Applications for the AWBZ should be submitted to the regional care assessment centre (*Centrum Indicatiestelling Zorg*), www.ciz.nl (in Dutch).

3. THE FAMILY DOCTOR (*HUISARTS*)

† The role of the *huisarts*

Now that you know about the insurance, how do you actually use the health care system? First you will need to register with a family doctor (*huisarts*).

The role of your *huisarts* or general practitioner (GP) in the Dutch health system is central to all healthcare. For many newcomers the single most important difference between medical practice in the Netherlands and that of other countries is the predominant role of the *huisarts*. Your *huisarts* is the key to the Dutch world of medicine. The *huisarts* treats patients for basic problems and can answer most of your general health questions. (S)he will also perform, for example, standard gynaecological or paediatric examinations. Your *huisarts* will also serve as your link to most other services, such as hospitalisation, specialists, home nursing midwifery and physiotherapy.

In general, there is a natural, non-interventionist approach to medical and maternity care in the Netherlands. This is reflected in the reluctance of doctors (and some dentists) to prescribe drugs unless absolutely necessary, the general practice of giving birth without any pain relief and the high proportion of home births.

† Choosing your *huisarts*

You can choose your *huisarts* yourself. To find a local *huisarts* you can try asking neighbours, friends, colleagues, or the nearest pharmacy (*apotheek*) for recommendations, or request a list from your insurance company. You can look in the telephone directory under *Huisarts* for listings near your postcode or you can search the website <http://www.huisartsen.nl>. (in Dutch).

† Appointments with your *huisarts*

Patients are normally required to make an appointment in advance to see the *huisarts*, although it is common practice for them to allocate a regular time each day for short telephone or walk-in consultations (*inloop spreekuur*) for minor ailments only, on a first-come, first-served basis. Regular appointment times usually last around 10-15 minutes, and it is sometimes necessary to wait several days for a free slot. *Huisartsen* are reluctant to make house calls in the Netherlands, unless you are highly contagious or really immobile.

Outside the normal opening hours (office hours), a recorded telephone message will usually provide contact details for an on-duty doctor or the medical advice service (*doktersdienst*). For medical emergencies or first aid requirements, it is possible to go straight to the Accident and Emergency Department (*Eerste Hulp bij Ongelukken - EHBO*) of the local hospital. **In life threatening medical emergencies the emergency telephone number 112 can be called.**

Remember that the message will be given in Dutch so it will be helpful if you become familiar with the spoken sound of numbers in Dutch.

† Referral for specialist medical care

If your *huisarts* cannot diagnose or treat a problem (s)he will refer you to a specialist. Your *huisarts* will usually give you a letter of referral to be given to the specialist, whom you in turn will call for an appointment. You may have to wait several weeks or more for an appointment, unless the matter is urgent. Some insurance companies can work with you to help to speed up your appointment.

The website www.ziekenhuis.nl (in Dutch) provides information about waiting lists of specialists. Bear in mind that you may also choose your own specialist. The specialist will usually see you in his or her private office at the hospital. (S)He should have a description of the problem from your *huisarts*. Until (s)he examines you, that is all the information (s)he has, apart from what you tell him or her. Question him or her if you want to. Write down your questions beforehand if you are not good at thinking on the examination couch. Before you leave make sure the doctor understands you and that you understand what (s)he is planning to do and why. Asking for a second opinion is unusual in the Netherlands, but it is possible although you may need to be persistent.

† Calling an ambulance

In contrast to some countries, only the emergency services (telephone 112) or your General Practitioner normally calls for an ambulance to take you somewhere such as a hospital. Most ambulance services are private companies, and you may receive a substantial bill from them if the normal procedure is not followed. There are well-organised facilities for transporting you to and from clinics and hospitals for routine appointments if you have difficulty reaching there by your own (or public) transport; ask your doctor or the hospital for details.

↑ **Changing *huisarts***

If you move to another town you will need to register with a new *huisarts*. If you are dissatisfied with your present *huisarts* you are within your rights to look for a new one. Notify the office of the first one and have your records sent to the new *huisarts*. It is also possible that you will find several *huisartsen* in a group practice. If you find that you prefer one particular *huisarts* in the practice you may schedule your appointments for his/her office hours.

4. THE DOCTOR - PATIENT PARTNERSHIP

The relationship between patient and doctor, whether *huisarts* or hospital specialist, is changing in this country, as in many other countries. In the past, patients were hesitant to question medical opinions, however, it is now common for patients to make their voices heard. Increasingly, the medical profession is responding to the individual needs of the patient. In the Netherlands, as elsewhere, one of the most important things for you to remember is to be your own advocate. If you have any questions about the diagnosis or treatment, feel free to ask your doctor for an explanation. You may also ask for a second opinion, although this may be less readily agreed to.

5. HOSPITALS

The Netherlands has a large number of hospitals offering European standards of medical care, including eight university hospitals. Traditionally, all hospitals in the Netherlands have offered the same range of specialist services, but under the new reformed healthcare system, the government is encouraging hospitals to specialise in particular areas of treatment. Although all hospitals offer the same high standards of care, the University hospitals, where medical research is conducted, often have the most up-to-date facilities and use the most advanced medical techniques. Some patients are reluctant to be treated in a University hospital because of the extra intrusion on privacy by student doctors.

When you first visit a hospital to see a specialist or to have treatment, you will be required to complete a questionnaire about your medical history and various lifestyle factors and your personal details will be registered on the hospital's patient database. A hospital registration card containing identification details will be issued to you and must be shown at reception each time you visit the hospital.

In some cases, if your condition is serious or requires urgent surgery, the specialist will recommend hospitalisation or refer you straight to the emergency department. In other cases, however, you may have to wait some time, even months, for a hospital appointment for some types of surgery or other treatments.

Most hospital accommodation in the Netherlands is in shared rooms or wards of up to six patients, and may be mixed-gender. Often, beds are equipped with private televisions and phone lines, although you will be charged for the use of these if you wish to make use of them. A few single-occupancy rooms are available in some hospitals, but these are mainly available for patients who need this for medical reasons. Patients are required to take their own nightwear, toiletries and other personal requirements for a residential stay in hospital. All food, medication, bedding and towels are provided by the hospital.

There are children's wards in all hospitals and also a number of special children's hospitals, which provide more facilities to keep children entertained while in hospital or to help them keep up with school work during their stay. Some of the children's hospitals and children's wards have accommodation for parents to stay overnight with their children if required. Visiting hours vary between hospitals and are usually strictly enforced.

6. DENTAL CARE

All dental services in the Netherlands are provided by private clinics, most of which consist of a single dentist and an assistant, although there are some joint dental practices which also include dental hygienists. Dental charges are relatively high in the Netherlands and cannot be reclaimed under the basic insurance package, except for persons under the age of 22. Dental services are tightly regulated by the government, which sets the charges for different dental procedures and ensures that the standards of dental care are consistent high. Dental specialists, such as periodontists and orthodontists, often work in private clinics and a referral from a dentist is usually required in order to

see a specialist. Expats may find the use of anaesthetics less readily forthcoming than in their own country, but this varies from dentist to dentist.

7. MENTAL HEALTH

Mental health problems such as depression, stress and addiction do not respect national boundaries. Sometimes problems arise that can leave you feeling backed into a corner with no idea where to turn for help. Whatever the cause, the situation may be compounded when you find yourself in another country, without the support of your former network of friends or family. Help is available. There are many good English-speaking psychiatrists, psychologists, social workers and alternative practitioners in private practice, although costs vary considerably and not all conditions may be covered by your insurance. The ACCESS counselling service can make an appropriate referral.

The primary Dutch mental health facility is RIAGG (called *Parnassia* in The Hague). There are separate units to deal with outpatient mental health, youth issues, domestic issues, drugs and alcohol, etc.

Look in the local telephone directories under RIAGG (or *Parnassia* in The Hague).

- Association of Patients in Mental Care (Vereniging Geestelijke Gezondheidszorg Nederland GGZ): www.ggz nederland.nl (in Dutch); tel. (033) 460 89 00
- Alcoholics Anonymous (AA): www.aa-nederland.nl (in Dutch); tel. (020) 681 7431
- National Drug Information line: www.drugsinfo.nl (in Dutch); tel. 0900 1995
Smokers Information line: www.stivoro.nl (in Dutch); tel. 0900 9390.

8. PHARMACIST AND CHEMIST (APOTHEEK)

The 'apothek (pharmacy or chemist), is where you obtain prescribed drugs and other related items, such as non-prescription cough syrup, vitamins, pain relievers and homeopathic medicines. You may be surprised to find that some items are only available on prescription in the

Netherlands, even though they may be available without a prescription in another country (and vice-versa).

There are more than 1,600 pharmacies in the Netherlands. If your doctor practices at a health centre (*gezondheidscentrum*) the *apotheek* will also be part of that. You are not limited to the use of any particular *apotheek*, but it is advisable to stay with one, as it will simplify your insurance claims and repeat prescriptions and the pharmacist has a better chance of avoiding conflicting medicines and any allergies you might have specified in their customer database.

† Prescription

'*Recept*' is the Dutch word for prescription. Prescriptions may only be given by a doctor. He or she may ask from which pharmacy you would like to collect your medicine and contact them on your behalf. Employees at the pharmacy are qualified, licensed pharmacists and can answer your questions about the drugs you are prescribed and about minor medical complaints. Opening hours are usually 8.00 -17.00 hrs, Monday - Friday.

If you need medication outside opening hours, you can go to a *dienstapotheek* (24-hour pharmacy). They are then normally open only for prescription medication and/or repeat prescriptions.

† Use of medicine in the Netherlands

Although the Dutch spend relatively little money on medicines (ten percent of the total Dutch care budget) the amount is increasing by 7% per year, due to newly-developed expensive drugs and an ageing population. As insurance companies are in close contact with doctors and pharmacists, they are better able to control the costs and ensure efficient use of medicines, resulting in lower costs. The Ministry, therefore, is advised by the Dutch Board of Healthcare Insurers about the introduction of new medicines in order to prevent an unrestrained growth of insurance costs.

To limit and control the costs of medicine, a new system has been introduced to be used by doctors. The advantage of this system is, not only that it contributes to the quality and effectiveness of the supply of medicines, but also that it leads to the prescribing of cheaper, generic medicines. Doctors can use the electronic

prescribing system (EVS) to prescribe medicines. By using this system and entering information about the patient, such as age, sex and health disorders, automatic advice is given on the most suitable medicine to be prescribed. Compared with other countries, doctors are sometimes reluctant to prescribe medicine right away and may advise bed rest etc. first. If you really feel you need something, you may need to insist.

† Medication

Medicines in the Netherlands are not always the same medicines prescribed in other countries. If you are taking medication prescribed to you in another country, it is best to show these to your doctor and/or pharmacist. In particular, most well-known brand names and packaging from your own country may not be the same in Dutch although the content might be identical.

† Non-prescription drugs

Some medicines don't require a prescription and these are also available at the pharmacy (*apotheek*). The pharmacist is also available to provide advice about medicines and their uses.

A drugstore (*drogist* or *drogisterij*) is a shop that sells over-the-counter medicines, especially homeopathic medicines, as well as day-to-day personal hygiene items, perfumes, baby supplies, etc. They are usually less expensive than at a pharmacy.

† Payment

Your insurance will cover the costs of most medicines. Always show your insurance card with your prescription. If you are insured in your home country, the Dutch pharmacist will, in most instances, ask for cash payment. You can then submit the bill to your insurance company for reimbursement.

† Useful websites

Dutch Websites:

www.apotheek.nl:

search service for your nearest apotheek.w

www.fk.cvz.nl:

website of Dutch insurers with information about medicines

www.kring-apotheek.nl:

online pharmacy selling medicines

www.medicijnen.nl:

online pharmacy selling medicines

www.dokteronline.com:

online delivery service of medicines. Some information is in English.

9. MATERNITY

Most women in the Netherlands remain under the care of a midwife (verloskundige) during pregnancy and childbirth. If you want to go straight to a gynaecologist rather than a midwife, you must first get a referral from your family doctor (*huisarts*).

In the Netherlands, homebirths are relatively popular. About 55% of births are planned to take place in the home. If this is not for you, you can always choose to have your baby at the hospital. However, some insurance companies will not cover a hospital birth unless there is a medically compelling reason to do so. So you should ask about the cover provided by your policy first.

† Choosing a practitioner and birthplace

During pregnancy and childbirth, most Dutch women are cared for by midwives (verloskundigen), who are the practitioners for normal pregnancy and birth. A hospital obstetrician or gynaecologist (a *gynaecoloog* is a specialist for women who have or expect to have complications with pregnancy and/or childbirth, but they will also care for women expecting a normal delivery.

The three most common choices for pregnancy care and delivery are:

- Midwife care with hospital birth (*poliklinische bevalling*)
- Midwife care with home birth (*thuisbevalling*)
- Midwife care with a gynaecologist (*ziekenhuisbevalling*).



† What does the midwife do?

In the Netherlands, the midwife (*verloskundige*) guides you through your pregnancy and birth. As soon as you discover that you are pregnant, you should make an appointment with a midwife, generally for about the 8th - 12th week of your pregnancy. You do not need a referral letter from your doctor. Most insurance policies cover the costs of the midwife, but you should check your policy.

The midwife checks on the state of your health and that of the baby. As your pregnancy proceeds you will visit your midwife more frequently. At the end of your pregnancy your visits will be on a weekly basis. Your midwife will provide information on giving birth at home or in hospital and will give you advice on a healthy pregnancy.

There are, relatively speaking, a large number of home births in the Netherlands and this is encouraged. If your child is born at home the midwife will be there to support you during the birth. The circumstances at home are usually good and most women thrive in their own home environment while giving birth.

† Making an appointment

You can phone the midwife yourself to make the appointment. You will find midwives listed in the yellow pages under *verloskundigepraktijk*.

† Medical tests during pregnancy

There are five widely-available tests during pregnancy:

- **The double test:** this test measures two protein levels in the blood and can be carried out in the 8th week of pregnancy. It only detects the risk of Down Syndrome. The costs (ca. €50) are not covered by insurance.
- **The triple test:** this is a blood test (carried out at 15-18 weeks), which measures 3 different protein levels associated with foetal abnormalities. If you would like this test ask your practitioner for a referral to the hospital laboratory, as it is not a routine practice. In some cases, depending on your medical situation, the costs are covered by the insurance.
- **Selective Ultrasound (*Echoscopie*):** insurance companies reimburse 2 ultrasound tests during pregnancy; one in the 12th week and one in the 20th week. If, for any reason, you want to schedule an ultrasound privately, look in the Yellow Pages (*Gouden Gids*) under Pregnancy Guidance (*Zwangerschapsbegeleiding*).

- **Chorionic Vili Sampling (Vlokkentest):** this test can be performed through the cervix at 10-12 weeks or through the abdomen at 12 - 13 weeks at major medical centres.
- **Amniocentesis (Vruchtwaterpunctie):** this test involves amniotic fluid being aspirated through the abdomen at 15-17 weeks and is performed at major medical centres.

The last 2 tests are not normally covered by insurance. Costs are around €1,000.

† Pain medication

Because natural births are popular, pain medication is normally not offered to mothers during birth, either at home or in the hospital. If you want pain relief, you must make it very clear to your care providers! Do not be afraid to ask for what you want and stick to your wishes. Inform your doctor or midwife that you are from a different country and want your traditional form of care, whatever that is. Be aware that midwives are not usually trained to administer pain relief medication, so having it may make a hospital birth necessary.

† Home maternity nursing care: *thuiskraamzorg*

After the baby is born, most women are cared for at home by a maternity nurse (*kraamverzorgster*), who may visit you everyday during the first week. Your doctor (*huisarts*) or midwife (*verloskundige*) can probably recommend several agencies that provide nursing care. They will also help you decide what type and length of care is right for you. Contact your insurance company to find out what type of coverage you have for home maternity care (*thuiskraamzorg*). The birth is followed by a programme of postnatal care (*kraamzorg*). A postnatal welfare practitioner will come to your home for the first week after the birth or your return home with the baby. (S)He will come for several hours a day and help with everything to help you adjust: cooking, cleaning, feeding, changing, child minding, etc.. Be sure to register for *kraamzorg* as soon as possible, preferably at the beginning of your pregnancy. Sometimes your insurance company will tell you which organisations you may register with in your area. Some insurers leave the choice to you.



† IVF and ICSI

Three treatment sessions for IVF (in vitro fertilisation) and ICSI (intra cytoplasmic sperm injection) are normally reimbursed by insurance companies. Not every hospital can provide the treatment.

www.mckinderwens.nl Web site also in English.

† Registering your child

All births in the Netherlands must be registered. The law says that this must be done within 3 days of the birth. Births can be registered at the town hall (*gemeentehuis*) by you, your partner or a nurse. The following documents will be required:

- both parents' passports
- child's birth certificate
- marriage certificate (if applicable), unless both parents are already registered in the Netherlands
- residence permits.

If unmarried, a declaration must be written by the mother, stating the identity of the father. The couple must bring this and their ID to the town hall before the baby is born.

Some countries allow you to register the foreign birth of a child at the embassy. Contact the embassy before the birth so that you know what to do and what, if any, the time limits are. When you register your child's birth, you can ask the official for an international birth certificate, which may prove useful in your home country. If you need the international birth certificate to register a foreign birth at your embassy, it will be provided free of charge. A fee is payable for any other copies.

You will also have to register the child with the IND (Immigration and Naturalisation Department). Call them in advance (tel. 0900 1234561), as an appointment may be necessary. Take the original international birth certificate and your passport with you.

You should also register your child at a child health centre (*consultatiebureau*), where your child will have regular check-ups and vaccinations.

10. COMPLAINTS

Medical complaints systems exist for all branches of the profession, including hospitals and general practitioners. The Dutch, in general, have traditionally not made as much use of formal complaints systems as in some other countries. Some expats may feel that the Dutch medical profession is still rather closed regarding both individual and general criticism, compared with their own experience, so persistence may be required. Financial compensation for medical mistakes is not a feature of Dutch culture. Each hospital and doctor will be able to inform you of the relevant procedure.

www.zorgbelang-zuid-holland.nl/index.php?p=48 (only in Dutch), or telephone 0900 243 70 70 (€ 0.10 per minute)
www.tuchtcollege-gezondheid.nl

11. USEFUL WEBSITES

Health Insurance:

www.zn.nl (in Dutch):	Health insurance companies
www.independen.nl (in Dutch):	Health insurance companies
www.kiesbeter.nl (in Dutch):	Health insurance companies
www.persaldo.nl (in Dutch):	Information about personal budget
www.svb.nl (in Dutch):	Information about personal budget
www.ciz.nl (in Dutch):	Information about personal budget.

General Practitioner (*huisarts*) and specialist medical care:.

www.huisartsen.nl (in Dutch):	Helps to find a GP near your postcode
www.ziekenhuis.nl (in Dutch):	Provides information about waiting lists of specialists
www.tandarts.nl (in Dutch):	About dentists.



Mental Health:

- www.ggz nederland.nl (In Dutch): Association of patients in Mental Care
- www.aa-nederland.nl (in Dutch): Alcoholics Anonymous (AA)
- www.drugsinfo.nl (in Dutch): National Drug Information line
- www.stivoro.nl (in Dutch): Smokers Information line

Phamacist and chemist (*apothek*):

- www.apotheek.nl (in Dutch): Search service for your nearest Apotheek
- www.fk.cvz.nl (in Dutch): Website of Dutch insurers with information about medicines
- www.kring-apotheek.nl (in Dutch): Online pharmacy selling medicines
- www.medicijnen.nl (in Dutch): Online pharmacy selling medicines
- www.dokteronline.com: Online delivery service of medicines. (some English)
- www.medicines.co.uk: English directory of all medicines with some good links
- www.fda.gov/oc/buyonline: A consumer safety guide from the USA government.

Maternity

- www.cks.nhs.uk/clinical_topics/by_clinical_specialty/pregnancy#: information on different topics of pregnancy
- www.freya.nl (in Dutch): In vitro fertilisation (IVF).
- www.mckinderwens.nl : a medical centre for childwish

Complaints:

- www.tuchtcollege-gezondheid.nl (in Dutch). Web site of the Disciplinary Healthcare Board. The Central Disciplinary Board has regional offices in Amsterdam, The Hague, Eindhoven, Groningen and Zwolle.

ACCESS also has information booklets covering the following topics in printed form (for purchase) or for free download from the ACCESS website:

- Banking
- Childcare and playgroups
- Food from home
- Housing and accommodation
- Inheritance and wills
- International primary and secondary education
- Learning the Dutch language
- Marriage , registered partnership, cohabitation and ending a relationship
- Obtaining a driving license in The Netherlands
- Post Office
- Public Transport
- Social Security
- Starting your own business
- Studying in the Netherlands
- Telephone, internet and television
- What to do when leaving the Netherlands
- Working in the Netherlands

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This Information booklet is intended to give comprehensive and general information. ACCESS did everything possible to ensure that the information is correct and up to date. We cannot accept any responsibility for the information that might have changed.

If you need more information about this subject, please contact the organizations listed in this fact sheet or look at the websites mentioned.