

Zorgverzekeraar CZ.
Postbus 90152.
5000 LD Tilburg.

Afz.: <sender>.
<address sender>.
<place sender>.

T.a.v. the chairman of the board mister J. de Groot.

Dear mister De Groot,

29 april 2022.

Sudden notice

Suddenly I received an admonition from CZ about the invoice resulting from a scam. CZ has no evidence to the contrary of scams.

(*) CZ has no evidence that the family doctor has been instructed to engage the healthcare provider (in this case the laboratory), which was announced for the first time only afterwards by the health insurer.

(*) Just as well has CZ no evidence that a price framework has been specified beforehand by the family doctor. The amount was announced for the first time only afterwards by the health insurer.

(*) Also, CZ has no evidence that I have agreed beforehand with the performance provided by any laboratory, because this performance is very extremely poor. This value judgment can only be made retrospectively.

The suddenness can have no other cause than information from a message circuit that is kept secret to me with the by SKGZ considered as 'independent' instance SKGZ.

Escalation to extortion

In the admonition, CZ has escalated the payment to extortion with the help of a judicial official who has been declared criminally immune by fellow officials at the Public Prosecution Service. It is stated here that the amount to be paid continuously increases and at least with 40 euros. All this does not make scams and extortion any less criminal offences. Because there is no evidence whatsoever of legitimacy for the collection and for the amount that is being extorted in phases.

No equal cases

The lodged protests have not caused any useful communication. This is necessary in the first case, for a proper solution. Also, the prior and matter-solving communication between CZ or any other health insurer and another individual insured never took place; no documents of such a communication have been handed over to me or have been made accessible and downloadable without hindrance.

The human shield (in this organization: with departments)

At CZ or any other health insurer are a number of departments. In case of disputes, the insured is sent around between these departments. There is correspondence. Empirical evidence arises that each department is not empowered to resolve its misdeeds. It has not been disputed by CZ that the department(s) are primarily intended as a human shield against wrongdoing by CZ.

The incompetence of each department is publicly known by the universally mandatory car insurance, which states the same incompetence that commands the (car)insured

to (quote) "not make any commitments, make any declarations, or perform acts that could harm our interests; ". The competent authority of CZ is unreachable. By apparently a work order to the departments to catch the correspondence. Empirical evidence has arisen that the insured is only kept busy about disputes by the departments. This does not change the fact that the orders come from the board and that each execution of those is therefore their responsibility.

The auditing task on legitimacy

The chairman of the board, currently mr. De Groot, states in a letter dated December 29, 2019 (quote) "As a health insurer, we have the task of checking claims for efficiency and legality.". But the chairman of the board does not want to clarify, after request, in what concrete way and on the basis of which documents this control task has been and will be carried out. This request is totally ignored.

It was further stated (quote) "In our insurance terms and conditions we stated that you give us permission to conclude a payment agreement with care providers. It is not possible to make an exception to this on an individual level." But the notice of default of the lack of applying human rights by one insured person is sufficient. While the restoration of human rights is never discriminatory, an individual 'level' but for all. Subsequently, the repeated notification of use of the "Terms and Conditions upon acceptance of an offer" is completely ignored. Ignoring this is a crime.

That extortion is going to happen is certain since the family doctor

Human rights can be neglected in the system and ignored, because the manner of exercise guarantees that the scam and extortion is established since the family doctor's referral.

Destroying the legal protection or keep it destroyed

The chairman of the board, now mr. De Groot, has knowingly and willingly refused to execute Article 114 of the Health Insurance Act. Not even after a summons to do so. Article 114 obliges every health insurer to ensure that each individual insured can bring disputes before an independent instance without hindrance. In reality, lodging turns out to be impossible without prior renunciation of all human, civil and patient rights. It is also impossible to submit a protest or objection against this condition to this or any other independent instance.

The course of a trial

Any trial before a tribunal is merely a repetition of doings. Also because each party is legally obliged to do everything to avoid a lawsuit. Legally there is only the judgment whether each party has done this.

The legal requirement of good faith for any legal effect (Article 3:11 of the Dutch Civil Code) prescribes that each party must conduct a proper investigation into the law and that the impossibility of investigation is no reason to assume or, if necessary, suppose good faith. Only in the first case does the tribunal investigate the will and intention of the legislator at the time and publish this. If misunderstandings are discovered in good faith, the tribunal will remember the will and intention of the legislator at the time and apply it publicly in all equal cases.

The legal public scrutiny

Within the field of human rights legal protection for each individual civil citizen, legal public scrutiny always has the only final verdict. Likewise in this matter. To serve this in one or more open messages (now and in the future), this correspondence is sent to

the chairman of the board. Not each message individually will be announced, so CZ has to keep itself informed and the messages are available 24 hours a day and can also be downloaded for study later.

The system

The coherence and flow of family doctor–referral–healthcare provider–healthcare insurer is an interlace. This system, with empirical evidence, has the characteristics that each participant operates and charges sovereignly. So also without any approval from the patient, for a suspected treatment, who pays for a full treatment and regardless of whether that treatment has taken place or has been interrupted through no fault of the patient.

The goal of the system

This system of family doctor – referral – healthcare provider – healthcare insurer, as it works or is executed in practice, does not have any other purpose than to destroy human, civil and patient rights in (as given presumed) healthcare or keep destroyed.

The goal of keeping human rights destroyed

(*) By empirical evidence is established that for the first time only afterwards (by the health insurer) is established that the family doctor's referral has already established that an amount that is kept unknown beforehand to the patient will be extorted by the health insurer.

(*) Just as well is established by empirical evidence, that in the health care system is or was not needed anywhere to inform the patient fully and correctly beforehand, nor (also as well) is it necessary anywhere to take the patient's correct decision before care is provided to that patient.

(*) Just as well by empirical evidence, it is established that from no person or body participating in the system in health care is or was required to provide evidence other than the claim form.

(*) It is also established by empirical evidence that the claim form only serves to discharge the healthcare insurer for the payment already made to the submitter.

(*) Just as well by empirical evidence, it is established that after payment of a claim form, the healthcare insurer ceases to function as an insurer and then illegally silently changes from insurer to debt-collection organisation.

Destroyed legal protection

The health insurer is legally obliged to ensure that disputes can be brought before an independent body. However, CZ only refers to the Health Insurance Complaints and Disputes Foundation (SKGZ), which they also founded. Disputes cannot be brought also due to conditions. CZ ignores the dispute that the dispute cannot be brought and the chairman of the board does not communicate about this.

The SKGZ body, instituted by health insurers.

Every individual civil citizen in the Netherlands is independent.

The Foundation refuses to deal with disputes or to activate an ombudsman if the petitioner does not waive all his human, civil and patient rights beforehand. To this end, the Foundation will send out a form (appendix 1, unfortunately in Dutch) stating

the consequences. Serious and well-substantiated objections and a challenge of the tribunal have been filed against this condition. Since then nothing more has been heard of this.

A decision of the Foundation (Appendix 2, unfortunately in Dutch)

Suddenly there is a decision that the dossier is closed. This decision is cunningly worded. It states only that no information has been received and that without the requested information it cannot deal with the complaint any further.

The Foundation declares furthermore that the law obliges the health insurer must be able to respond to a complaint. While the Foundation obliges the patient to firstly submit the complaint to the health insurer for a solution. The Foundation states this while it has evidence that this has happened long since. The Foundation also states that the patient must give permission to the Foundation to share his data with CZ, so that CZ knows who complains and CZ can respond substantively to the complaint. While they have evidence that CZ knows who it is and the evidence that CZ has already responded. The Foundation keeps secret the dispute with them and keeps secret the submitted and substantiated objections against their condition, plus the why of which they cannot be dealt with (in time) by an independent body. Furthermore, it is unlawful for the Foundation afterwards, to require evidence beforehand, but that in the conflict-causing 'care treatment' or in the system, evidence is unnecessary up to the link of healthcare insurer.

As a result, the unsoundness of this document destroys the basis of a lawsuit that is for my sake sufficiently and properly motivated, to bring before a proper and competent tribunal. Moreover, the Foundation gives its own interpretation of the law, while only the will and intention of the legislator at the time gives any right. It is criminal that the Foundation immediately carries out its own explanation. It evidences the bias to keep human rights destroyed.

The Secret Message Circuit

CZ's sudden summons is the first empirical evidence of a secret messaging circuit. Subsequently, on April 13, 2022, CZ suddenly reconsidered its decision. A reconsideration had already been written on 1 February 2022. Both sudden cases have a trigger that cannot possibly be other than information from a message circuit, that is kept secret from me, with the body SKGZ, which CZ held to be 'independent and impartial'. The 'reconsideration' of April 13, 2022 is the reason for an open follow-up report.

No legal protection, therefore no available health care

Any dependence is an abuse of powers and resources. Because otherwise simply a service is provided. In or by health care exists the superlative of abuse of dependence. As a result, legal protection must be even better than average and the law provides this sufficiently. But health care individuals and agencies do not carry out the will and intentions of the legislator.

Without legal protection, patients are medical experiments or the cut-meat for exercise. After all, the law was made to stop and prevent this. So that every patient who does not relinquish their human, civil and patient rights is and remains excluded from healthcare. This in itself is another violation of human rights.

Legal-skilled interest

From a legal-skillness point of view, it is only important that the chairman of the

board has been informed and that CZ has done nothing and is not doing anything conclusive.

Violence and war

The deprivation of legal protection against violations of human rights leaves no other option for the patient than violence. There is now a lot of violence in the health care system, but apparently this does not really hurt, while people in the healthcare system do complain about it for more money.

Despite the fact that the infringements are only the beginning of the escalation, I also accuse the healthcare insurers of warmongering that it is at the end. Apparently the healthcare insurers do not want to stop this escalation or let it continue. The most recent war, in Ukraine, arose because human rights plus democracy were destroyed and remained so. With the bullied party who was induced to war, the conflicts suddenly now do can be discussed in 'peace negotiations' for a solution, through the 'human shields' of both sides. The individual civil citizens of each country involved have NEVER wanted or demanded war.

Nevertheless, the (semi) civil service organisation, such as healthcare insurers, only keep speaking the language of violence and fight each other (also internationally) until war.

Doing justice

Genuinely indignant people join forces to stop injustice and to properly repair all damage to also prevent a recurrence. CZ plus the Foundation do not do this but fight through and against human rights.

The matter is to the legal public scrutiny.

Sender

Signature sender

Appendices: the documents sent out by the chairman of the board or CZ do not have to be returned.

1. The SKGZ form (unfortunately in Dutch).
2. The SKGZ decision of 21 March 2022 (unfortunately in Dutch).

Toestemmingsverklaring



Met dit formulier kunt u de SKGZ toestemming geven om uw persoonsgegevens te verwerken. In de uitleg bij dit formulier leest u meer hierover.

Dit formulier geldt voor de klacht met het SKGZ-dossiernummer:

Heeft u een vraag?

Kijk op www.skgz.nl/contact

of bel ons op 088 900 6 900

1. Mijn gegevens

<input type="radio"/> Beste meneer	Voorletter(s)	Achternaam	
<input type="radio"/> Beste mevrouw			
<input type="radio"/> Beste ...	Straat	Huisnummer	Postcode
Plaats	Land	Telefoonnummer	

2. Toestemming*

De toestemming gaat over het verwerken van uw persoonsgegevens voor de behandeling van de klacht.

☐ **Ja,**

Ik geef de SKGZ toestemming om mijn persoonsgegevens te verwerken voor de behandeling van de klacht. Dit geldt ook voor de gegevens over mijn gezondheid, als de klacht daarover gaat. Ook mag de SKGZ deze gegevens opvragen bij mijn ziektekostenverzekeraar.

☐ **Nee,**

Ik geef de SKGZ geen toestemming om mijn persoonsgegevens te verwerken voor de behandeling van de klacht. Ik weet dat de SKGZ dan alleen algemene informatie geeft. De Ombudsman bemiddelt niet en de Geschillencommissie doet geen uitspraak over de klacht.

* De SKGZ verwerkt uw gegevens ook voor andere doelen, waarvoor u geen toestemming hoeft te geven. Wij zetten bijvoorbeeld uw gegevens in ons digitale klachtsysteem, zodat wij met u contact kunnen opnemen. In de uitleg bij dit formulier leest u meer hierover.

3. Handtekening*

Datum: - -

Uw handtekening:

Indien van toepassing. Handtekening curator, mentor of bewindvoerder:

* Is het formulier helemaal ingevuld? Print het uit en zet met pen uw handtekening in bovenstaand kader.

De [REDACTED]
[REDACTED]
[REDACTED]



Contactpersoon mr. E.L. (Edwin) Niezen
Doorkiesnummer 088 900 6 984 (vrijdag afwezig)
Ons kenmerk A22 202200294
Uw kenmerk
Datum 21 maart 2022
Dossiernummer 202200294

Beste heer [REDACTED]

U heeft bij ons een klacht ingediend over zorgverzekeraar CZ. Om uw klacht goed te kunnen behandelen hebben wij u op 15 februari 2022 gevraagd om aanvullende informatie. Ook hebben wij u gevraagd om een toestemmingsverklaring in te vullen, zodat wij contact kunnen opnemen met CZ. Op 3 maart 2022 hebben wij u een herinnering gestuurd.

Ik sluit het dossier

Helaas hebben wij tot op heden geen informatie van u ontvangen. Zonder de gevraagde informatie kunnen wij uw klacht niet verder behandelen.

Verder staat in de wet dat wij de partij waarover uw klacht gaat de mogelijkheid moeten geven om op uw klacht te reageren. Om uw gegevens met CZ te kunnen delen, hebben wij uw toestemming nodig. Dat volgt uit de privacywet. Daarom hebben wij u ook gevraagd om een toestemmingsverklaring in te vullen. Een ingevulde toestemmingsverklaring hebben wij niet ontvangen. Zonder uw toestemming mogen wij uw gegevens niet delen met CZ. Als CZ niet weet om wie het gaat, kan CZ ook niet inhoudelijk op uw klacht reageren.

Tot slot merken wij nog het volgende op. In uw klacht haalt u artikel 5 van de Grondwet aan. Dit artikel gaat over overheidsinstanties, zoals een minister, de Tweede kamer, een gemeentebestuur of een waterschap. CZ is geen overheidsinstantie, maar een privaatrechtelijke ziektekostenverzekeraar.

Bel mij gerust als u vragen heeft

U kunt mij bellen op telefoonnummer 088 900 69 00.

Met vriendelijke groet,
Stichting Klachten en Geschillen Zorgverzekeringen

mr. E.L. Niezen
Dossierbehandelaar Ombudsman Zorgverzekeringen