

Admission declaration for day hospital admission: choice of room and conditions of payment



CHIREC - Clinique du Parc Léopold
Rue Froissart, 38
1040 Etterbeek

1. Room supplements - fee supplements - deposits

I have taken note of the conditions of payment and wish to be hospitalised and treated

EITHER at the contractual rate (WITHOUT fee supplements). (1)
I agree that the choice of doctor will therefore be limited and I choose the rate applicable for:

a shared room without a room supplement a two-bed room (CPL Site) without a room supplement (5)

The hospital may ask me for a deposit equal to the maximum room supplement. (4)

OR according to the different status of the doctors (WITH possible fee supplements)
and I choose the rate applicable for:

a shared room without a room supplement a two-bed room (CPL Site) without room supplement (5)

I understand that non-contracted doctors may ask for a supplementary fee of maximum 300 % (2), (3) & (5).

a private room (CPL Site) with a room supplement of **144 € per day (5)** a private room (CPL Site (with shower)) with a room supplement of **154 € per day (5)**

a private room (CPL Site - A0 - A1) with a room supplement of **55 € per day (5)**

I understand that certain doctors may ask for a supplementary fee of maximum 300 % (2), (3) & (5).

The hospital may ask me for a deposit equal to the maximum room supplement. (4)

2. Right to information

I understand that I have the right to information regarding the financial consequences of my choice and to be informed by the doctor concerning the costs I will have to bear for any medical treatment that may be prescribed.
I am also aware that certain costs cannot be foreseen.

I understand that the above-mentioned amounts may be indexed. In this case they may be changed automatically during the period of hospitalisation. I also understand that the rates given are applied on the basis of the sickness-disability insurance scheme to which I belong. If the admission is not covered by this scheme, I myself will have to bear both the hospitalisation costs and the medical costs, amounts which will be considerably greater.

I declare that I have received, appended to this admission declaration, an explanatory document regarding the application of the room and fee supplements, together with a document concerning the costs of routine parapharmaceutical products and miscellaneous products and services provided in : CHIREC - Clinique du Parc Léopold

Any further information required may be obtained from the Patient Relations Department department; telephone number 02/434.52.08

For the patient or his/her representative

For the hospital

first name, surname of patient or his/her representative (with n° of national register)

3. Overview of the conditions of payment provided for by the law and those of the hospital

3.1 room supplements per day

Shared room	Two-bed room (5)	Private room
No room supplement	No room supplement	55 or 144 € (CPL Site)
		154 € (with shower)

3.2 fee supplements (5)

	Shared room (5)	Two-bed room (5)	Private room
Contracted doctors	0 %	0 %	maximum 300 %
Non-contracted doctors	maximum 300 %	maximum 300 %	maximum 300 %

4. EXPLANATIONS CONCERNING FOOTNOTES

Any patient who chooses a particular type of room accepts the conditions of payment which this entails regarding room and fee supplements.
 => If the patient, for reasons outside his/her control, is hospitalised in more expensive accommodation, the conditions of payment for the type of room that he/she has actually chosen will apply (example: two-bed room chosen, private room given ? 2-bed room rate applied).
 => If the patient, for reasons outside his/her control, is hospitalised in less expensive accommodation, the conditions of payment for the type of room in which he/she is actually hospitalised will apply (example: private room chosen, 2-bed room given ? 2-bed room rate applied).

- (1) Contractual rates: fees are applied as agreed in the medico-mutual insurance contract, and so without fee supplements.
- (2) The list giving the status of the doctors (contracted or non-contracted) can be consulted on request.
- (3) **Fee supplements will be invoiced by the hospital or by the central payment collection department.**
Do not pay the doctors directly. Do not hesitate to request information regarding the fee-supplement percentage applied by the doctor concerned.
- (4) **A receipt must be issued for the payment of the deposit.**
The deposit(s) paid will be deducted from the overall patient invoice.

	Shared room	Two-bed room (5)	Private room
Maximum amount of deposit	-	0 €	55 or 144 or (w. shower) 154 €

- (5) Certain social categories are protected with regard to fee supplements in certain cases. For more information regarding room or fee supplements: see the appended explanatory document.
- (6) One admission declaration is sufficient for a treatment series. As patient you may change your choice by signing a new declaration.

Deposit received : **For the admission : of**