dmission declarati	ion for day ad	mission: choic	e of room and	conditions of pa	yment



1. Purpose of the admission declaration: enable informed choices to be made by providing information concerning the financial consequences of the admission

Every hospitalisation involves expenses. As a patient you may make certain choices which will have a considerable effect on the final cost of your hospital stay. These choices are made by means of the admission declaration. It is therefore very important that, before completing and signing it, you read the accompanying explanatory document carefully. If you have any questions, do not hesitate to contact **the relations patients de 14h00 à 16h00 at 02/434.40.35.**

2. Choice of room

The possibility of freely choosing my doctor will not be affected in any way by the type of room that I choose.

I wish to be admitted and treated:

without fee or room supplements in a:

a shared room (Cavell Site)

two-bed room (Cavell Site)

a private room (Cavell Site)

with a room supplement of 136 € per day

I am aware that in the case of admission to a private room, the hospital doctors may invoice a fee supplement of a maximum of maximum 300%.

3. Admission of a child accompanied by a parent

I wish that my child, whom I will accompany, be admitted and treated at the legal rate, without room or fee supplements.

I am aware that the admission will be to a two-bed room or a ward.

I expressly wish that my child, whom I will accompany, be admitted and treated in a private room, without room supplement. I am aware that, in the case of admission to a private room, the attending doctors may charge a maximum fee supplement of 300 % of the legal rate for medical services.

The costs for my stay as an accompanying parent (particularly bed, meals, beverages etc.) will be charged to me at the rates given in the summary of prices for current goods and services..

4. Deposit

I am paying euro as a deposit for my stay.

The present signed admission declaration is valid as a receipt for the deposit paid. The deposit will be deducted from the total amount of the patient's final invoice.

5. Invoicing conditions

All hospital costs will be billed by the hospital. Never pay directly to the doctor!

Our invoices are payable to a Chirec bank account ten days after they have been sent.

Failure to pay an amount after 14 calendar days taking place on the third working day following the sending of a reminder will result in the application of late payment interest calculated at the legal rate, as well as a flat-rate compensation amounting to:

- a) 20 euros if the remaining amount due is less than or equal to 150 euros;
- b) 30 euros increased by 10% of the amount due in the amount between 150.01 euros and 500 euros if the remaining amount due is between 150.01 euros and 500 euros;
- c) 65 euros increased by 5% of the amount due exceeding 500 euros, with a maximum of 2,000 euros if the remaining amount due is more than 500 euros.

The same interest will be applied, under the same conditions, in the event the hospital fails to perform a contractual obligation to the patient.

In the event of a change of address, the patient undertakes to inform the hospital by e-mail at facture@chirec.be.

Every patient has the right to obtain information on the financial consequences of a hospital stay and the type of room they have chosen. Every patient has the right to be informed by the doctor concerned of the costs to be paid for the medical treatments to be anticipated.

Done at	on	hours in two copies for	or an admission beginning on	TO	hours.	
For the patient or his/her representative			For the hospital			
First name, surnan	ne of patient or his/her representa	ntive (with national register n°)				

The manager of the hospital asks you to give this personal information in order to process your file correctly and invoice your hospital stay. The Act of 08-12-1992 concerning the protection of privacy in regard to the processing of personal data allows you to consult your data and gives you the right to correct it