

Admission declaration for standard admission: choice of room and conditions of payment



Delta (332)
Boulevard du Triomphe, 201
1160 Auderghem

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 (Site Delta) two-bed room (Site Delta)

a private room (Site Delta - standard room D) with a room supplement of **169 € per day** a private room (Site Delta - standard room D+) with a room supplement of **252 € par jour**

a private room (Site Delta - standard room (SP)) with a room supplement of **128 € 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 the hospital charges will be invoiced by the hospital. Never pay the doctor directly!

Our invoices, expense bills, fees are payable to a CHIREC bank account. The non-payment of an amount will result, as of right, 10 days following a reminder remaining without effect, in the application of legal interest starting from the date of the invoicing of the sum involved, together with a flat-rate increase of 12% of the unpaid total, with a minimum of 30.00 euro. The same interest and increases will be applied - under the same conditions - in the event that the clinic owes any sums to the patient.

Every patient has the right to obtain information regarding the financial consequences of the hospitalisation and type of room chosen. Every patient has the right to be informed by the doctor about the costs that he/she will have to bear for the medical treatment to be scheduled. I have received, appended to the present declaration, an explanatory document describing the room and fee supplements. The summary of prices for goods and services offered at the hospital are indicated in it. I understand that all the expenses cannot be foreseen.

6. Attached documents

I hereby declare that I have received as appendices to this declaration :

- An explanatory document which mentions the room and fee supplements. A summary of the prices of the goods and services provided in the hospital is also included and can be consulted. I know that not all costs can be foreseen.
- A document explaining the self-employed status of the doctors working in the establishments managed by CHIREC npo.

Done at _____ on _____ to _____ hours in two copies for an admission beginning on _____ TO _____ hours.

For the patient or his/her representative First name, surname of patient or his/her representative (with national register n°)	For the hospital
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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