



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 :

- | | |
|--|--|
| <input type="checkbox"/> a <u>shared room</u> (Site Delta) | <input type="checkbox"/> <u>two-bed room</u> (Site Delta) |
| <input type="checkbox"/> a <u>private room</u> (Site Delta (One day hospital))
with a room supplement of 169 € per day | <input type="checkbox"/> a <u>private room</u> (Site Delta (Pain and Eye clinic))
with a room supplement of 57 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.

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
---	------------------

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