
Explanations about the admission declaration for a classic admission

The admission declaration is designed to allow you to make certain choices. As these choices are significant factors for determining the final cost of your stay in hospital, this accompanying explanatory form is intended to provide you the information you need to make informed choices about the cost of your stay in hospital.

The costs are governed by the following factors :

1. your personal insurance situation ;
2. the type of room chosen ;
3. the length of your stay ;
4. the pharmaceutical costs ;
5. the fees charged by the doctors and paramedical staff ;
6. the costs associated with any additional products and services.

Further questions about the costs of your medical treatment or your stay in hospital?

Please get in touch with the patient administration department (02/614.26.60 - patientsadministration@europehospitals.be) for details about your stay in hospital or your specialist doctor for information about your medical treatment. You may also contact your mutual insurance company.

If need be, you may also get in touch with the social service (site St-Elisabeth: 02/614.92.92 (from 8.30 am to 4.30 pm) - soc.se@europehospitals.be /site St-Michel: 02/614.93.93 (from 8.30 am to 4.30 pm) - soc.sm@europehospitals.be) and our ombudsman (02/614.90.93- ombuds.mediation@europehospitals.be).

For further details about the costs of your stay and your treatment programme please pay a visit to <http://www.europehospitals.be> Pursuant to the Law on patients' entitlements, each professional practitioner is required to provide patients with clear information about the financial implications of the treatment in question.

1. Insurance

Every person living in Belgium has to join a mutual insurance system. The latter is used by the health insurance authorities as a channel for the payment of some of your medical treatment and your stay in hospital, while you as a patient also have to bear some of the costs. This is your personal contribution (or patient's contribution). Some individuals, owing to their income and/or family situation may claim a **higher contribution** from the mutual insurance system (also called concessional rate). In the event of being admitted to hospital, these individuals pay a personal contribution that is lower than that paid by an ordinary insured person. You should get in touch with your mutual insurance company to find out if you are entitled to the higher contribution.

People who are **not up-to-date** with their compulsory health insurance requirements have to meet all the costs for their stay in hospital. As these costs may be quite significant, it is vital for you to comply with the compulsory health insurance coverage. In the event of any doubts or problems you should get in touch with your mutual insurance company as soon as possible.

Certain treatments (for purely cosmetic reasons, for example) are not reimbursed by the mutual insurance system, in which case you personally have to meet all the costs for your stay in hospital (medical treatment and accommodation), even if you are entitled to a higher contribution. You should get in touch with your doctor or your mutual insurance company for further details about the reimbursement options for certain treatments.

If you are being admitted to hospital owing to an **occupational accident**, this should be reported as soon as you are admitted. If the accident is recognized by the occupational accident insurance authorities, they will pay the costs directly to the hospital. Certain costs are never covered by occupational accident insurance, such as private ward supplements, which are chargeable to the patient.

If you have taken out a **supplementary hospital insurance policy**, your insurance company may also cover some of your hospital expenses. As solely your insurance company will be able to tell whether it will reimburse some of the costs or otherwise, please get in touch with your insurer for further details

If one of the aforementioned situations is not your case (such as a patient dependent upon a public social welfare centre, a patient insured in another European Union Member State, ...), please get in touch with the hospital's social services department for further information about your entitlements

2. Choice of room

The type of room you choose for your stay has a significant impact on your hospital and medical expenses but not the standard of care provided nor the scope for being free to choose your doctor.

As patient, you may opt for :

- a shared room,
- a two-bed room,
- a private room.

If upon being admitted to hospital with an overnight stay you are accommodated in a shared room or a two-bed room, you will not be required to pay room supplements or additional fees.

If you specifically ask for a private room (and you actually stay in the room), private room cannot be guaranteed, the hospital may charge you room supplements, and the doctors may seek additional fees. A stay in a private room is therefore more expensive than accommodation in a shared room or a two-bed room.

As a result of opting for a certain type of room you are signaling your agreement to the related financial terms and condition in the case of certain types of room supplements and additional fees.

- If you have to stay in a more expensive room than you did not ask for, the financial terms and conditions for the type of room you chose will apply. (For example, you choose a shared room but are assigned a private room as no multi-bed room is available. The terms and conditions for the general ward will apply).
- If you have to stay in a cheaper room than you did not ask for, the financial terms and conditions for the type of room you stay in will apply. (For example, you choose a private room but are assigned a general room as no one-bed room is available. The terms and conditions for the shared room will apply even if you are alone in the room).

3. Accommodation expenses

a) Legal personal contribution per day

Irrespective of the type of ward chosen, you will have to pay a personal contribution, as required by law, for every day and the treatment you receive in the hospital

	Beneficiary enjoying a concessional rate	Child en dependent person	Long-term unemployed person (living alone or head of the household) and that person's dependents	Bénéficiaire avec personne(s) à charge et leurs personnes à charge	Other Beneficiary
1 st day	9.63 €	66.08 €	66.08 €	77.74 €	77.74 €
Starting from 2 nd day	7.65 €	7.65 €	7.65 €	20.43 €	20.43 €
Starting from 91 st day	7.65 €	7.65 €	7.65 €	7.65 €	20.43 €

In our hospital the accommodation expenses amount to **€ 736.67** or every day spent in the acute illnesses department, **€ 525.94** in the musculoskeletal department and **€ 674.31** in the palliative care department. If you are not up-to-date with your mutual insurance company requirements, you will have to bear all of these costs yourself.

b) Room supplement per day

It is strictly forbidden to charge room supplements for people staying in a shared room or a two-bed room.

If you specifically require a private room and you actually stay in the room, the hospital may charge you a room supplement. The supplement in our hospital is,

- € 180 /day ;
- € 210/ day in de maternity unit ;
- € 280 /day for a private room in the private suites unit ;
- € 380 /day for a suite in the private suites unit.

It is illegal to charge a patient a room supplement in the following exceptional circumstances:

- If your doctor believes a stay in private room is required for medical purposes ;
- If, owing to organizational reasons, you are staying in a private room because the type of room you actually chose is not available ;
- If you are admitted or transferred to an intensive care or emergency unit and remain in the unit throughout your stay in the hospital ;
- If the admission applies to a child accompanied by a parent.

4. Pharmaceuticals costs

These costs cover medicinal products, implants, prostheses, non-implantable medical devices, etc. All or some of these costs will be chargeable to the patient, regardless of the type of room chosen.

For medicinal products covered by health insurance, you are required to provide a personal contribution set at € 0.62 per day («flat-rate amount»). On your hospital invoice this amount is charged for accommodation expenses, which cover a significant number of medicinal products that are not invoiced separately. You are always required to pay this flat-rate amount whether or not you use these medicinal products and irrespective of what they are.

Medicinal products not covered by the mutual insurance system are not included in this flat-rate amount and are charged in full to you. They are referred to separately on the invoice.

The cost of certain implants, prostheses, non-implantable medical devices, etc. are also borne by you entirely or partly. The cost depends on the kind of product provided and the materials used for the item. These materials and products are prescribed by the doctor. Do not hesitate to get in touch with the doctor for information about their nature and costs

5. Additional doctors' fees

a) Statutory rate

The official or statutory rate refers to the fees doctors charge their patients, comprising :

- the amount reimbursed by the health insurance system,
- the statutory personal contribution (= the amount you have to pay as a patient). The service is sometimes fully covered by the health insurance system, in which case no personal contribution has to be made.

Some services are not covered by the health insurance system, so doctors are entitled to set their own fees for such services.

b) Statutory personal contribution

Irrespective of the type of room you choose, you will be required to pay the statutory personal contribution (= patient contribution) for your (para) medical treatment.

The personal contribution applies to all patients who are up-to-date with their health insurance requirements. People who fail to meet the requirements of their health insurance coverage have to bear all their hospital costs themselves (see point 1).

c) Additional fees

In some circumstances, hospital doctors may ask patients to pay additional fees on top of the statutory rate. These supplements are chargeable in full to the patient: there is no health insurance coverage in these cases.

It is illegal to charge additional fees if, in the case of hospital care when you have to spend the night in the establishment, you are assigned to a *shared room or a two-bed room*.

If you specifically request a private room and you actually stay in the room, all doctors are entitled to charge you extra fees.

As featured in the admission declaration, the maximum extra fee charged in our hospital is equal to 200 %.

The maximum amount a doctor may charge as additional fees in our hospital is equal to 300% of the statutory rate.

Any member of the medical staff involved in your treatment (anesthetist, surgeon, ...) may charge extra fees.

Example: a doctor charges a supplement equal to a maximum 100% of the statutory rate. In the case of a treatment whose statutory cost is € 75, € 50 of which is reimbursed by the mutual insurance system, you personally pay € 100 (€ 25 for the personal contribution and € 75 for the additional fees).

It is illegal to charge patients additional fees in the following exceptional circumstances :

- If your doctor believes a stay in private room is required for medical purposes ;
- If, owing to organisational reasons, you are staying in a private room because the type of room you actually chose is not available ;
- If you are admitted or transferred to an intensive care or emergency unit and remain in the unit throughout your stay in the hospital.

d) Admission of a child accompanied by a parent

A child accompanied by a parent may be admitted to and treated in the hospital at the statutory rate, without any room supplement and additional fees, provided you agree to your child being accommodated in a two-bed room or a shared room.

The hospital is not entitled to charge any **room supplements** for a child accompanied by a parent if you specifically request a private room and the child and accompanying parent actually stay in such a room. However, any medical staff involved in the treatment may **charge extra fees**.

e) Schematic overview of the supplement in the event of an admission with overnight stay

	Choice of a shared room or a two-bed room	Choice of a private room
Room supplement	NO	YES NO if : <ul style="list-style-type: none"> • Your doctor decides you require a private room owing to your state of health, your tests, your treatment or for monitoring purposes; • You chose a shared room or a two-bed room but none of these were available • You are admitted to the intensive care unit or the emergency unit • The admission applies to a child accompanied by a parent
Additional fees	NO	YES NO if : <ul style="list-style-type: none"> • Your doctor decides you require a private room owing to your state of health, your tests, your treatment or for monitoring purposes; • You chose a shared room or a two-bed room but none of these were available • You are admitted to the intensive care unit or the emergency unit

f) Invoicing

Any additional fees will be invoiced by the hospital.

Payments should never be made directly to the doctor.

Do not hesitate to ask the attending physician for information about the doctor's additional fees.

6. Other miscellaneous costs

During your stay in the hospital you may require a number of products and services (such as: telephone, water, Internet,...) for medical reasons or for a question of comfort.

The accommodation expenses (bed linen, meals,...) for a companion not admitted as a patient but remaining at your bedside will also be charged for as "miscellaneous costs".

These costs will be fully chargeable to you, irrespective of the type of room chosen.

A summary of the charges for these products and services may be consulted on the website, by paying a visit to the inscription/hospitalization department or by telephoning the patient administration department.

A price list resuming the products invoiced to the patient in case of use during the hospitalization is available in the folder for patients staying in hospital.

7. Deposits

The hospital may ask for an advance payment for each 7-day residency period. The amount involved in the advance payment is laid down in the regulations.

	Beneficiary enjoying a concessional rate	Dependent children	Other beneficiary
Shared room or two-bed room	€ 50	€ 75	€ 150
Private room	From € 1.205 to € 2.2570	From € 1.305 to € 2.570	From € 1.305 to € 2.570

If the hospital is aware you qualify for the maximum invoice mechanism, you cannot be asked to make an advance payment for a stay in a private room, nor for a stay in a two-bed room or a shared room.

8. Miscellaneous

All the amounts referred to in this document may be index-linked and, consequently, be amended during the period spent in hospital. These amounts apply to patients up-to-date with their compulsory health insurance requirements (see point 1).

If you are not under care of a general practitioner or in a medical center, you can be referred to one via the dispatching service on telephone number 1710 or on the doctorbrussels.be

The clinic declines all responsibility for the loss or theft of personal belongings (this also applies to glasses, dentures, hearing aids, etc..)

Further questions about the costs of your medical treatment or your stay in hospital?

Please get in touch first of all with the patient administration department (02/614.26.60 - patientsadministration@europehospitals.be) for details about your stay in hospital or your specialist doctor for information about your medical treatment.

You may also contact your mutual insurance company.

If need be, you may also get in touch with the social service (site St-Elisabeth: 02/614.92.92 (from 8.30 am to 4.30 pm) - soc.se@europehospitals.be /site St-Michel: 02/614.93.93 (from 8.30 am to 4.30 pm) - soc.sm@europehospitals.be) and our ombudsman (02/614.90.93 - ombuds.mediation@europehospitals.be).

For further details about the costs of your stay and your treatment programme please pay a visit to <http://www.europehospitals.be>.

Pursuant to the Law on patients' entitlements, each professional practitioner is required to provide patients with clear information about the financial implications of the treatment in question