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Explanations regarding the admission declaration for any one day hospitalisation

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.

The aim of the present explanatory document is to give you information about the cost of your hospitalisation so that you may make informed choices when you are completing the admission declaration.

The cost is determined by the following factors:

1. the way you are insured;
2. the type of room that you choose;
3. the length of your hospital stay;
4. pharmaceutical costs;
5. fees charged by doctors and paramedical staff;
6. costs for any additional products or services.

The hospital informs you in a transparent and concrete way on all the aspects which influence the cost of your stay.

Do you have any other questions regarding the cost of your medical treatment or your hospital stay?

In order to receive an estimate of the programmed intervention, we invite you to initialy get in touch with your doctor of the hospital. You may also apply to your insurance fund.

Where necessary the social service may be contacted by telephone from 8.00 a.m. to 12.30 p.m. and from 1.00 p.m. to 4.45 p.m. at 02/434.99.42 or by e-mail at service.social.hbw@chirec.be and the mediation service for our hospital is also available to you from 1.00 p.m. and 03.30 p.m. (except wednesday) at the telephone number 02/434.73.04, or by e-mail at the address mediation.hbw@chirec.be.
You will find more detailed information regarding the costs relating to your stay and your treatment on www.chirec.be .

The law governing patient rights requires that every professional practitioner clearly inform the patient concerning the intended therapy. This information also concerns the financial consequences of the treatment.

1. Insurance

Everyone residing in Belgium is obliged to register with a mutual health insurance fund. The health insurance, through the insurance fund, will pay a part of the costs of your medical treatment and your hospitalisation. The patient must also pay a part of the costs. This is the patient's or beneficiary's personal contribution or sharing of costs. Certain individuals, particularly because of their income and/or their family situation, may be able to claim **reduced cost-sharing** (also called the preferential rate) from their insurance fund. If hospitalised, these people pay a patient share contribution which is less than that paid by the ordinary insured person. Do not hesitate to ask your insurance fund if you have the right to such reduced cost-sharing.

Those who **have not complied with** the obligatory health insurance must pay all the costs of their hospitalisation themselves. These costs may be considerable. It is therefore extremely important that you are compliant with regard to the obligatory health insurance. If you are in doubt or have a problem, get in touch with your mutual insurance fund as quickly as possible.

Some procedures (particularly those of a **purely aesthetic nature**) are not covered by the insurance fund. In such a case, you must pay all the costs relating to your hospitalisation yourself (medical treatment and stay and possibly 21 % tax on added-value), even if you are entitled to the preferential rate. We would ask you to contact your doctor or your insurance fund for information concerning the reimbursement of certain procedures.
If your hospitalisation is due to a **work-related accident** please declare this at your admission. If the insurance for occupational accidents accepts the accident, it will pay the costs directly to the hospital. Certain costs are never reimbursed by insurance for occupation accidents. This is the case, for instance, for private-room supplements: these supplements will be charged to you.

If you have taken out a **supplementary hospitalisation insurance policy** your insurance company may also contribute to the costs of your hospitalisation. Only your insurance company can give you information with regard to the expenditures that it will reimburse. Contact your .insurance for information.

If you do not fall into one of the above-mentioned categories (for example: a patient in the care of a CPAS [Public Social Welfare Centre], patient insured in another Member State of the European Union etc.), contact the *hospital social service* for more detailed information about your rights

2. Choice of room

The type of room that you choose for your stay will have a determining effect on the cost of your one day hospitalisation.
The choice of room will not have any effect on the quality of the care given or the possibility of a free choice of doctor.

As patient you may opt for:

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

If, in the case of hospitalisation, you are in *a ward* or *a two-bed room*, you will not pay **either room supplements or fee supplements**.

The care exempted in an treatment room without an admission in a room of patient is compared to an admission in a shared room or a two-bed room. In this case, the invoicing of supplements is not authorised.

If you expressly opt for a private room (and if you actually stay in one), the hospital may charge you **room supplements**, and the doctors **fee supplements**. A stay in a private room is therefore more expensive than a stay in a ward or two-bed room.

By choosing a certain type of room you are agreeing to the financial conditions related to it with regard to room and fee supplements.

- If, independently of your wishes, you are put in a more expensive type of room, the financial conditions related to the type of room that you chose will be applied. (You opt, for example, for a ward but, due to a lack of availability of wards, you are given a private room. The conditions of the ward will apply).
- If, independently of your wishes, you are put in a less expensive room, the financial conditions related to the type of room that you have actually been given will apply. (Your opt, for example, for a private room but, due to lack of availability of private rooms, you are put in a ward. The conditions of the ward will apply, even if you are alone in it).

For the therapy in a dayhospital, within the framework of which care is managed to you in dayhospital, on a regular basis, for treatment of the same pathology (for example: renal dialysis, treatment oncologic), it is enough to sign the declaration of admission for the duration of the therapy.
You have always the possiblility to modify your choice of room by signing a new declaration of admission.

3. Cost of stay

1. Room supplement per day

It is strictly forbidden to charge room supplements for hospitalisation in a *ward* or a *two-bed room*.
If you expressly opt for a private room and if you actually stay in one, the hospital may charge you a room supplement. The room supplement in our hospital is:

- *0 euros (Department Pediatry, room mother/child),*
- *142 euros (one day hospitalisation),*

It is forbidden by law to require a patient to pay a room supplement in the following exceptional circumstances:

- If your hospital doctor considers that admission to a private room is medically required;
- If, for reasons of organisation, you are put in a private room because the type of room chosen is not available;
- If you are admitted or transferred to an intensive-care unit or the emergency department and you remain there for the duration of your stay;
- If the admission involves a child accompanied by a parent.

4. Pharmaceutical costs

These costs concern the medications, implants, prostheses, non-implantable medical devices etc. These costs may be completely or partially charged to the patient, whatever the type of room chosen.

For medications covered by health insurance, you will have to pay a fixed patient share of costs of 0.62 euro per day ("set amount"). This amount is included in the hospitalisations cost in your hospital bill. The hospitalisation costs include a large number of medications which are not invoiced separately. You will always have to pay this set amount, whether you get the medications or not and no matter what these medications may be.

The medications which are not covered by the health insurance are not included in this set amount and will be charged entirely to you. They will be listed separately on the invoice.

The cost of certain implants, prostheses, non-implantable medical devices etc. will also be completely or partially borne by you. This cost will depend on the type of product supplied and the materials from which it is made. These materials and products are prescribed by the doctor. Do not hesitate to ask the doctor about what they are and how much they cost.

5. Doctors' fees

1. Legal fee

The fees that doctors are allowed to charge their patients are called official or legal fees. These fees include:

- the amount reimbursed by the health insurance,
- the legal patient share of costs (= the amount of the cost that you as a patient must pay). The service is sometimes completely reimbursed by the health insurance. In this case no patient cost-share is due.

There are also services for which there is no reimbursement from the health insurance and for which the doctor is free to fix his/her own fees.

2. Legal patient share of the costs

Whatever the type of room chosen, you will have to pay a legal patient share of the costs (= patient's contribution) for your (para)medical treatment. The legal patient share of costs concerns all patients with valid health insurance. Those who do not have valid health insurance must, in fact, bear all the costs of their hospitalisation themselves (See Point 1).

3. Fee supplement

Hospital doctors may charge fee supplements over and above the legal fee. These supplements must be borne completely by the patient: no reimbursement by the health insurance is provided for.
The law forbids the charging of fee supplements if, in the case of hospitalisation, you are in a *ward* or a *two-bed room.*
The maximum fee supplements charged in our hospital are given in the admission declaration and are up to 300%.

If you expressly opt for a private room and you do in fact stay in one, all the doctors may charge you fee supplements.

- The amount that a doctor may charge as a fee supplement in our hospital is, at the maximum, 300% of the legal fee. Any doctor involved in your treatment (anaesthetist, surgeon etc.) may charge a fee supplement.

Example: a doctor charges a fee supplement of maximum 100%. For an operation legally costing 75 euro, 50 euro of which is reimbursed by the health insurance, you will pay 100 euro yourself (25 euro patient's share of costs and 75 euro of fee supplement).

It is forbidden by law to charge fee supplements to patients in the following exceptional circumstances:

- If your hospital doctor considers that admission to a private room is medically required.
- If, for reasons of organisation, you are put in a private room because the type of room chosen is not available.
- If you are admitted or transferred to an intensive-care unit or the emergency department and you remain there for the duration of your stay.

4. Admission of a child accompanied by a parent

In the case of admission of a child accompanied by a parent, it is possible to choose that the child be hospitalised and treated at the legal rate, without room or fee supplements. The admission of a child accompanied by a parent will accordingly be to a two-bed room or a ward.

If in the case of a child accompanied by a parent, a private room is expressly opted for and if the child and accompanying parent do in fact stay in such a room, the hospital may not charge **room supplements**. **However**, any doctor involved in the treatment may **charge fee supplements.**

5. Outline presentation of the supplements for admissions

	Choice of a shared or two-bed room	*Choice of a private room*
Room supplement	**NO**	**YES** **NO, if:** - *your doctor decides that your state of health, your examinations, your treatment or your monitoring requires a private room.* - *you have opted for a ward or a two-bed room but none is available.* - *you have been admitted to the intensive-care department or the emergency department.* - the admission concerns an accompanied child.
Fee supplements	**NO**	**YES** **NO, if:** - *your doctor decides that your state of health, your examinations, your treatment or your monitoring requires a private room.* - *you have opted for a ward or a two-bed room but none is available.* - *you have been admitted to the intensive-care department or the emergency department.*

1. Invoicing

All the fee supplements will be invoiced by the hospital.
Never pay them directly to the doctor.
Do not hesitate to ask the hospital doctor for information about his/her fee supplements.

6. Other miscellaneous charges

During your hospital stay, for medical reasons and/or for reasons of comfort, it will be possible for you to use a certain number of products and services (for example: telephone, water, internet etc.).
The costs (bed-linen, meals etc.) for the stay of an accompanying person who has not been admitted as a patient but who stays at your bedside will also be invoiced as "miscellaneous charges".
These costs will be borne completely by you, whatever the type of room chosen.

A summary of the prices of these products and services may be consulted at the admissions department as well as on the hospital website.

Below are some examples of services and products that are frequently asked for:

- room comfort: *telephone, refrigerator, television and internet connection*;
- meals and drinks: supplementary meals, snacks and beverages;
- hygiene products: basic toilet products (soap, toothpaste, eau de Cologne etc.) and other toilet necessities (combs, toothbrush, shaving equipment, tissues etc.);
- laundry (personal laundry);
- accompanying person: occupation of a room or a bed, meals and beverages;
- other miscellaneous goods and services (baby's bottles, soothers, breast-pumps, crutches, wax ear plugs, writing materials etc.) and very frequently required services (manicure, pedicure, hairdressing etc.)

7. Deposits

If you choose a single room, the hospital may ask a deposit equivalent to the amount of the supplement of a single room.

If you choose a ward or a two-bed room, the hospital may not ask a deposit.

To a patient without insurance, may the hospital ask a deposit also in a a ward or a two-bed room.

The deposit will be automatically deduced from the invoice of the patient.

8. Miscellaneous

All the amounts mentioned in the present document may be indexed and may therefore be changed during the period of hospitalisation. These amounts apply to patients with valid obligatory health insurance (see Point 1).

Do you have any other questions regarding the cost of your medical treatment or your hospital stay?

In order to receive an estimate of the programmed intervention, we invite you to initialy get in touch with your doctor of the hospital. You may also apply to your insurance fund.

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You will find more detailed information regarding the costs relating to your stay and your treatment on www.chirec.be .

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