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

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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 02/434.39.50.**

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 SARE) □ two-bed room (Site SARE)

□ a private room (Site SARE)
with a room supplement of **142 € 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!
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.

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.
- The invoicing and general terms and conditions of payment 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	For the hospital
First name, surname of patient or his/her representative (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