



Hôpital de Braine-Waterloo (723)  
Rue Wayez, 35  
1420 BRAINE-L'ALLEUD

**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 HBW)  two-bed room (Site HBW)

a private room (Site HBW (One day hospital)) with a room supplement of **136 € 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 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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