

**HOSPITAL BARCODE
FOR DIGITAL ARCHIVING
OF THE DOCUMENT**

**IDENTIFICATION
OF THE PATIENT
OR STICKER
FROM THE HEALTH INSURANCE
FUND**

vzw Jan Yperman Ziekenhuis
Briekestraat 12 - 8900 IEPER
TEL 057/353535 FAX 057/353637
ACCREDITATION NUMBER
7/10057/80/000

1. Purpose of the admission declaration: The right to make informed choices about the financial consequences of an admission

Every admission to a hospital causes costs. Patients can make a number of choices which may significantly affect the final cost. The choices are made on the basis of this admission declaration form. It is therefore important to thoroughly read the information form which you receive together with this document before signing the admission declaration. If you have any queries please contact the **TARIFICATION department on 057/356536**

2. Room choice

This does not restrict your freedom to be treated by a doctor of your choice.

I want to be admitted and cared for:

without fee supplements and without room supplement in a:

common room **two-patient room**

In an individual room

With room supplement of

€60,00 per day (Depending on the room type)

€65,00 per day (Depending on the room type)

€110,00 per day (Depending on the room type)

I am aware that the treating doctors can charge a **fee supplement of maximum 150%** of the legal rate of the medical performance, when I am admitted to an individual room.

3. Admission of a child accompanied by a parent

I want my child to be accompanied when admitted and cared for at the legal rate, **without room supplement and without fee supplement. I know that the admission will be to a two-patient room or a common room.**

I expressly want my child to be accompanied when admitted and cared for **in an individual room, without room supplement.** I am aware that the treating doctors can charge a **fee supplement of maximum 150%** of the legal rate of the medical performance, when I am admitted to an individual room.

I will pay for the **hotel costs for my stay as a parent** (such as bed, meals, drinks...) **myself** according to the rates listed on the overview list of the prices of frequent goods and services.

4. Advance

I hereby pay an advance of € as an advance for my hospitalisation.

This signed admission declaration is also the receipt of the advance payment. The advance will be deducted from the total amount of the patient invoice at the time of final settlement.

1. Terms of billing of VZW Jan Yperman Hospital (Hereinafter referred to in short as the "hospital")

All hospital costs will be invoiced by the hospital. Never pay directly to the doctor!

- Article 1** Invoices shall be paid within 30 calendar days of dispatch. Payment may only be made by bank transfer to hospital account BE54 7380 0173 4197 (for international transfers with the following BIC code/Swift: KREDBEBB) stating the structured communication.
- Article 2** If the invoice remains unpaid, either in whole or in part, by the due date, the hospital shall send a first reminder, free of charge, in accordance with Section XIX.2 of the Code of Economic Law.
- Article 3** Subsequently, in the event of total or partial non-payment, the case shall be transferred to a bailiff's office for further recovery. As provided under Section XIX.4 of the Code of Economic Law, after the expiry of a period of one month from the date of the initial, free-of-charge reminder, the following shall be added to the debt balance:
- a) interest equal to the interest at the reference interest rate plus eight percentage points referred to in Section 5(2) of the Law of 2 August 2002 on combating late payment in commercial transactions, and
- b) lump sum compensation of (even if grace period is granted):
- € 20,00 in case the balance due is less than or equal to € 150,00;
 - € 30,00 plus 10% of the amount due on the instalment between € 150,01 and € 500,00 in case the balance due is between € 150,01 and € 500,00;
 - € 65,00 plus 5% of the amount due on the instalment in excess of € 500,01, subject to a maximum of € 2.000,00 in case the balance due is above € 500,00.
- The same interest and damage clause shall apply with regard to the hospital when it receives an undue payment from the patient and fails to repay it within one month of prior notice by the patient.
- Article 4** Complaints relating to the services and/or prices charged must, on pain of inadmissibility, be sent by registered letter or by e-mail to credit.control@yperman.net within eight days of the date of dispatch of the invoice. The response by the hospital to a late complaint shall not imply renunciation of the foregoing, and all such responses shall always be subject to all rights and without any prejudicial acknowledgement.
- Article 5** All disputes shall be exclusively subject to the competence of the Justice of the Peace Court of the cantons leper and Poperinge or of the Court of the First Instance of West-Flanders, leper division.
- Article 6** The patient designates the hospital as special authorised representative for the purposes of requesting his/her information as contained in the population registers or for obtaining a certificate to this effect.
- Article 7** An outpatient admission to the outpatient clinic shall not automatically lead to the levy of the lump sum outpatient admission charges. Depending on certain interventions or administration of certain medicines, as determined by the NIHDI, lump sum outpatient admission charges may or may not be levied. For this reason, it may happen that the hospitalisation insurance does not intervene, and the invoice for the outpatient charges shall be sent to the patient.
- Article 8** In case the patient dies, the heirs, legal successors and beneficiaries shall be jointly and severally liable to pay the hospital the entire claim due in terms of the principal, interest, increases and all costs.

Every patient is entitled to information about the financial consequences of a day hospital admission and the choice of his or her room. Every patient is entitled to be informed by the physician in question about the costs he or she will have to pay personally for the medical treatment to be administered. As an annex to this document I received an explanatory document which specifies the room and fee supplements. The overview list of the costs of all goods and services offered at the hospital are available for your perusal. I know that not all costs can be predicted in advance.

Done in IEPER on ...-...-20... in two copies *for an admission starting on ...-...-20... and valid from ...-...-20... at am/pm and to maximum ...-...-.....*

The patient or his representative	The admission department of the Jan Yperman Hospital
first name, name of the patient or his representative (<i>with national register number</i>)	first name and name

This information of a personal nature is requested from you by the administrator of the hospital in view of the correct handling of your records and the billing of your hospitalisation. The Act of 08-12-1992 on the protection of privacy entitles you to access and correct your data. The hospital respects the Act of 30 July 2018 on the protection of individuals with regard to the processing of personal data and the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data. More information can be found at <https://yperman.net/privacy>.