

|                       |                          |                                                                       |
|-----------------------|--------------------------|-----------------------------------------------------------------------|
| Copy for the hospital | Name .....               | <b>UZ Leuven</b><br><br>Herestraat 49<br>3000 Leuven<br>710-32209-000 |
|                       | Adress .....             |                                                                       |
|                       | Post.....Community ..... |                                                                       |
|                       | .....                    |                                                                       |
|                       | eadnr.....               |                                                                       |

### 1. The aim of the admission statement: to have the right to make informed choices about financial consequences of your hospital admission

Every hospitalisation entails costs. As a patient, you can make some choices that have an important impact on the final costs. You can make those choices by filling in this admission statement. Before filling in and signing the admission statement, it is therefore very important to thoroughly read the explanatory document that was given to you along with this statement. Should you have any questions, please **the department medical administration on telephone number 016 34 74 00**.

### 2. Choice of room

**This will not limit my free choice of physician.**

I wish to be admitted and cared for in:

☐ **a shared room**  
**without paying extra fees or additional room charges**

☐ **an individual room.**  
 Additional room charges of € 75,00 per day will be invoiced.  
 I have been informed that my treating physicians are allowed to charge **extra fees of up to a maximum of 150 %** of the legally fixed fees for medical services when I am cared for in an individual room.

### 3. Admission of a child accompanied by a parent

- ☐ I wish to accompany my child while he/she is admitted and cared for at the legally fixed rates **without paying extra fees or additional room charges. I know that my child will be admitted in a shared room.**
- ☐ I explicitly wish to accompany my child while he/she is admitted and cared for **in an individual room, without paying additional room charges.** I have been informed that the treating physicians are allowed to charge **extra fees of up to a maximum of 150 %** of the legally fixed fees for medical services when a patient is cared for **in an individual room.**

**I will bear the hotel costs for my stay as a parent** (including bed, meals, drinks, ...) that will be charged at the rate mentioned in the price list of common goods and services.

### 4. Advance

### 5. Billing conditions

**All hospital costs will be invoiced by the hospital. Never pay your physician directly!**

The payment terms (method of payment, deadline for payment, consequences of non-payment, etc.) can be found on the back of this document.

Every patient has the right to be informed about the financial consequences of a hospital admission and his/her choice of room. Every patient has the right to be informed by the physician involved about the costs of anticipated medical treatment he/she will have to bear.

Along with this document, I have received an explanatory document stating the extra fees and additional room charges. This price list of the goods and services provided in the hospital can always be consulted. Please take into account that not all costs can be predicted.

Done in duplicate in ..... on .....

|                                                              |              |
|--------------------------------------------------------------|--------------|
| The patient or his/her representative                        | The hospital |
| First name and name of the patient or his/her representative | UZ Leuven    |

These personal data are asked for by the manager of the hospital in order to process your file and the invoices regarding your hospital admission correctly. By virtue of the Act of 8 December 1992 on the protection of privacy, you have the right to access your data and correct them.

## Payment conditions patient

Each invoice (available on [www.mynexuzhealth.be](http://www.mynexuzhealth.be)) must be paid within thirty days of dispatch. If the invoice is disputed, please submit your complaint in writing within ten days after receipt to 'Medische Administratie, Herestraat 49 at 3000 Leuven - [medische.administratie@uzleuven.be](mailto:medische.administratie@uzleuven.be)'.

In the absence of prompt payment, the hospital sends a first reminder free of charge.

In case of non-payment within twenty days of dispatch of this reminder, the file (including your contact details such as email, telephone or mobile etc.) will be transferred to a bailiff for further collection. In such case the principal amount still to be recovered shall be increased by the legal reference interest rate plus eight percentage points as referred to in Article 5 of the Act of 2 August 2002 on combating late payment in commercial transactions from the twentieth day after sending the first free reminder. Furthermore a fixed compensation shall be charged on the owed balance as follows:

- if the balance due is less or to the amount of EUR 150.00: EUR 20.00
- if the balance due is between EUR 150.01 and EUR 500.00: EUR 30.00 increased with 10% of the amount due on the part between EUR 150.01 and EUR 500.00;
- if the balance due is greater than EUR 500.00: EUR 65.00 increased with 5% of the amount due on the part above EUR 500.00 with a maximum of EUR 2,000.00

In the event that UZ Leuven does not respect a contractual obligation, UZ Leuven must be held in breach of contract. This notice of default must be sent within thirty days after acknowledgement of the shortcoming via letter or email. If the shortcoming is not rectified within a period of sixty days, the patient is entitled to fixed damages. If the damage is assessable in money, it amounts to 10% of the amount assessable in money with a minimum of EUR 25.00 and a maximum of EUR 75.00. If the damage is not assessable in money, it amounts to fixed damages of EUR 25.00. In case of legal proceedings only the courts of Leuven have jurisdiction.

Specimen