



## INFORMATION FOR PATIENTS WITHOUT BELGIAN HEALTH INSURANCE

Dear Madam, Sir

You are not affiliated with a Belgian health insurance.

We will give you a cost estimate for the examination phase after the first consultation. We expect you to send this cost estimate to your insurer.

After the examination phase is over, we can assess for which treatment you will be considered. The cost estimate for the treatment will follow at a later stage and is to return to your insurer as well.

Before the examination phase and the treatment an advance invoice is drawn up. The concerning examination phase/treatment can only start after the advance invoice is paid or after you gave us a payment agreement of your insurer.

We would like to ask you to contact your insurer and to send us a payment agreement **within 3 months** after receipt of the cost estimate. This can be done in writing to Leuven University Fertility Centre by e-mail ([fertiliteitscentrum@uzleuven.be](mailto:fertiliteitscentrum@uzleuven.be)), by fax (0032 16 34 36 57) or by mail (Klinische administratie, LUFC, UZ Leuven, Herestraat 49, 3000 Leuven, Belgium).

Furthermore, it is best that you inquire thoroughly information about what is (not) reimbursed by your insurer. We want to point you to the possibility that the full treatment will not be reimbursed by your insurer when he does not agree with a particular part of a certain treatment. In case of multiple fertility treatments, a new cost estimate and an advance invoice will be drawn up for each treatment.

If the examination phase/treatment is not reimbursed by your insurer or you cannot give us a payment agreement within the specified time, the examination phase/treatment cannot be carried out, unless you pledge yourself to settle the cost of the concerning examination phase/treatment in full yourself and to pay the advance invoice beforehand.

If you have unpaid invoices, you have to pay these before we can plan the examination phase/treatment. To verify if you have unpaid invoices, we would like to refer you to [www.mynexuz.be](http://www.mynexuz.be) or Medical Administration (tel. 0032 16 34 74 00 or e-mail [Medische.Administratie@uzleuven.be](mailto:Medische.Administratie@uzleuven.be))





**AGREEMENT BETWEEN PATIENTS WITHOUT BELGIAN HEALTH INSURANCE**

Between the Leuven University Fertility Centre,  
University Hospitals Leuven,  
Represented by  
Prof. dr. Christel Meuleman, coordinator,  
Hereinafter referred to as LUFC, on the one hand,

and Ms/Mr .....  
born on.....  
resident at.....  
.....  
hereinafter referred to as the patient,  
on the other and,

the following has been agreed:

- The patient declares that he/she received sufficient information from the LUFC about the terms of payment for patients without a full Belgian health insurance.
- The patient will enquire per examination phase/treatment with his/her insurer about the potentially reimbursement of the examination phase/treatment.
- The patient communicates the insurer's decision in writing to the LUFC.
- The patient is informed that if he/she does not possess/have a payment agreement, the examination phase/treatment cannot continue at the LUFC, unless the patient pledge oneself to settle the costs in full himself/herself and to pay an advance invoice beforehand. The patient keeps in mind that it can take up to a few days before the payment transfer is visible for the LUFC.

Drawn up in duplicate in Leuven on ..... / ..... / ....., one copy being intended for the Fertility Centre and the other for the patient.

prof. dr. Christel Meuleman

read and approved

signature patient

Please sign this agreement and return it to Leuven's universitair fertiliteitscentrum, 'contractenadministratie', prof. dr. Christel Meuleman, UZ Leuven, Herestraat 49, 3000 Leuven or [contractenLUFC@uzleuven.be](mailto:contractenLUFC@uzleuven.be).



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