



Sint-Maarten

algemeen ziekenhuis
emmaüs

Patient Identification Sticker

Admission statement: room selection & financial conditions

General Hospital Model – day admission

Your health insurance fund can also explain the content and scope of this document as well as your personal insurance situation.

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 contact **the invoicing and accounts receivable management department on telephone number 015 89 10 10 or by email debiteuren.azsintmaarten@emmaus.be.**

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

☐ a two-patient room

without paying extra fees or additional room charges

☐ a private room. Additional room charges of 105.00 euros per day will be invoiced.

☐ a private maternity room with a room supplement of 115.00 euros per day

☐ a luxury maternity room with a room supplement of 155.00 euros per day

I have been informed that my treating physicians are allowed to charge **extra fees of up to a maximum of 175 %** of the legally fixed fees for medical services when I am cared for in a private 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 two-patient room or 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 175 %** 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.

AZ Sint-Maarten
Liersesteenweg 435
2800 Mechelen

tel. 015 89 10 10
azsintmaarten@emmaus.be
www.azsintmaarten.be

vzw Emmaüs - Edgard Tinellaan 1c - 2800 Mechelen - RPR Antwerpen-Mechelen - BE 0411.515.075

4. Billing conditions

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

- 1. Our invoices are issued subject to all reservations for all costs and/or services not yet invoiced.**
- 2. This invoice is payable within 14 days. The patient must pay the invoice on time, even if they have hospitalisation insurance.**
- 3. The invoice amount must be paid by bank transfer with the correct structured message. The patient must ensure that they keep the healthcare provider informed of any changes to his/her contact details (address, telephone number, email address, etc.), so that communication can proceed correctly.**
- 4. The patient must report any payment problems and/or disputes in writing to the facility within 15 days of receipt of the invoice, stating the reason and invoice number.**
- 5. If no payment is made within 14 days after sending the first reminder (from the first day after the date of sending by e-mail or from the third day after the date of sending by letter), default interest will be due by operation of law at the statutory reference rate increased by 8%.
In that case, compensation is also due as follows:**
 - 20 euros if the balance due is less than or equal to 150 euros**
 - 30 euros increased by 10% of the amount due on the instalment between 150.01 and 500 euros if the balance due is between 150.01 and 500 euros**
 - 65 euros increased by 5% of the amount due on the instalment above 500.01 euros with a maximum of 2,000 euros if the balance due is higher than 500 euros**
- 6. Patients who are not in compliance with their health insurance must also pay the amounts charged by the facility to the insurance company.**
- 7. This facility is part of the non-profit organisation Emmaüs, with registered office at 2800 Mechelen, Edgard Tinellaan 1c, with VAT number 0411.515.075. Invoicing is VAT-exempt**
 - a. via VAT Act article 44, §2,1° - except for non-therapeutic medical procedures**
- 8. Should the facility, or an independent healthcare provider affiliated with the facility, fail to perform, the patient is entitled to compensation similar to that described in Article 5.**
- 9. All disputes fall under the jurisdiction of the courts of the judicial district where the facility is located: AZ Sint-Maarten, Liersesteenweg 435, 2800 Mechelen**

**Accessibility of central invoicing department:
015 89 10 10 (Mon, Tue & Thu from 9am to 12pm)
debiteuren.azsintmaarten@emmaus.be**

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 Mechelenon [DATE].....for the
admission starting on [DATE]and valid as from[DATE, HOUR].

The patient or his/her representative	The hospital
First name and name of the patient or his/her representative (incl. National Registry number)	dr. Birger Jespers – General Director

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. Due to the European General Data Protection Regulation (2016/679) and the Law of 30-07-2018 on the protection of natural persons with regard to the processing of personal data, you have the right to access your data and correct them.

INFORMED CONSENT

I agree to the electronic exchange of health data between healthcare providers in the context of caring for my health.

To enable this electronic exchange, I also agree that a referral directory will be included to list the locations where information about my health is available, for example in hospitals.

I am aware that this electronic exchange takes place in a secure manner with respect for confidentiality and my rights as a patient and that the following guarantees are offered to me:

- the electronic exchange can only take place after approval by the Sectoral Committee for Social Security and Health;
- only healthcare providers with whom I actually have a care relationship can have access to my health data;
- a healthcare provider only has access to the health data that are relevant to them in the context of caring for my health (in accordance with the authorisation of the Sectoral Committee for Social Security and Health);
- I have the option to ask my healthcare provider not to exchange certain health data;
- I have the ability to exclude specific healthcare providers by name from having electronic access to my health data;
- I can request verification of which healthcare provider has had access to my health data;
- I can withdraw my consent at any time.

Finally, I have acknowledged that I can obtain additional information about these guarantees and the electronic exchanges in question via the eHealth platform website or through my GP, pharmacist, health insurance fund or hospital ¹.

¹ Information is also available at www.patientconsent.be or via the national helpdesk (info@gezondheid.belgie.be or 02 524 97 97). The helpdesk of the specific hospital partnership to which you have given your consent can be reached via hub.support@vznkul.be, www.vznkul.be/content/contacteer.
(full name and signature)

Dictionary

- **health data:**

Personal data concerning health means any information of a personal nature from which information can be derived about the past, present or future physical or mental state of health of an identified or identifiable natural person.

- **health:**

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. (World Health Organization definition).

- **healthcare providers:**

Healthcare providers are health care providers who are responsible for caring for a person's health. This includes doctors, pharmacists, nurses, physiotherapists, psychologists, elderly care workers, etc.

- **care relationship:**

A healthcare provider who personally treats or cares for the patient has a care relationship with the patient. If it concerns a care relationship between the patient and a number of specific categories of care providers (such as doctors, pharmacists, nurses, care assistants, etc.), then we speak of a 'therapeutic' relationship.

- **referral register:**

The referral register keeps track of where health information can be found for each patient (e.g. in a specific hospital). No substantive health data is stored in the register itself.

- **Sectoral Committee for Social Security and Health:**

This committee is part of the Bescherming van de Persoonlijke Levenssfeer (Commission for the Protection of Privacy). It ensures the application and monitoring of compliance with privacy legislation. More information can be found at www.privacycommission.be. The Sectoral Committee approved this consent form in deliberation no. 12/047 of 19 June 2012.

- **het eHealth-platform:**

As a public institution, the eHealth platform's mission is to promote and support well-organised, mutual electronic service provision and information exchange between all healthcare providers, with the necessary guarantees regarding information security, protection of patient and healthcare provider privacy and respect for medical confidentiality. This will optimise the quality and continuity of healthcare provision, maximise patient safety, simplify administrative formalities for all healthcare providers and provide sound support to healthcare policy. More information can be found at www.ehealth.fgov.be.

General information about the legal relationship between the hospital and the professionals - central liability

We strive to always provide you with the best possible care.

Sometimes something can go wrong that could violate your rights as a patient and you may want to file a complaint.

The hospital is liable for all professionals who work in the hospital.

This is called the **central liability of the hospital**.

This means that you can **file a complaint** against a professional at one central point, namely **the hospital**.

However, the law gives the hospital the option to exclude its central liability in certain cases. Before the intervention of the healthcare professional, the hospital must inform you in writing that it is not liable for the shortcomings of this/these healthcare professional(s).

This means that you must **submit your complaint to the professional who you believe has committed a shortcoming** and not to the hospital.

Below you will find information about the legal relationship between the hospital and the professionals, as well as whether or not the hospital excludes its liability for the professional(s).

Category	Statute	Total or partial category	Covered by the hospital's liability
Physicians	Self-employed	Total	No
Midwives	Employees	Total	Yes
Healthcare professionals	Employees	Total	Yes
Nurses	Employees	Total	Yes
Pharmacists	Employees	Total	Yes
Physiotherapists	Employees	Partial	Yes
Occupational therapists	Self-employed	Partial	No
Psychologists			
Speech therapists			
Podiatrists			
Midwives			
Hairdresser	Self-employed	Total	No
Pedicure			
Manicure			
Others	Employees	Total	Yes

If you wish to obtain the above-mentioned information (statute - whether or not the hospital is liable) regarding an private professional (doctor, nurse, etc.), you can request this from: Financial-Administrative Director, Liersesteenweg 435, 2800 Mechelen, tel. 015 89 10 10, e-mail: azsintmaarten@emmaus.be.

Please clearly state the name of the professional.

You can submit your request for information at any time, even after the professional has intervened.

You can do this in writing or orally.

The hospital will provide you with the information in writing within 5 working days of receiving your request.

Patient's (or representative's) receipt: (1 copy for the patient and 1 for the hospital)

I, the undersigned, confirm having received this information before any intervention by the professional(s).

I declare that I have taken note of:

- Informed consent
- General information about the legal relationship between the hospital and the professionals - central liability

Drawn up in Mechelen on / /in duplicate

The patient or his/her representative (full name and signature)	For the hospital (employee's full name and signature)
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