

Cost Estimate form

COST ESTIMATE FOR HOSPITALISATION OF	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	
NAME OF (FORMER) MEMBER OF PERSONNEL			
VANBREDIA PERS. REF. NO. /			
ORGANISATION			

To be completed by the hospital and/or physician

NAME, ADDRESS, TEL./FAX OF HOSPITAL, NAME CONTACT PERSON

USA HOSPITALS: PLEASE ALSO MENTION THE AREA CODE

NAME, ADDRESS, TEL./FAX OF PHYSICIAN

DIAGNOSIS OR REASON FOR ADMISSION (1) - (2)

TREATMENT/INTERVENTION

MEDICAL REPORT ON THE ILLNESS/TREATMENT IN ANNEX (1) - (2)?

☐ YES

☐ NO

EXPECTED DATE OF ADMISSION (D - M - Y)

LENGTH

EXPECTED DATE OF DISCHARGE (D - M - Y)

EXPECTED COSTS OF THE HOSPITALISATION

OPTION A

ROOM: PRIVATE

PRICE = /DAY

SEMI-PRIVATE

PRICE = /DAY (MANDATORY INFORMATION)

WARD

PRICE = /DAY

OTHER HOSPITAL EXPENSES

=

(E.G. MEDICINES, X-RAYS, LAB, ETC)

DOCTORS' FEES WITH RELEVANT BREAKDOWN (3)

=

(FOR USA: PLEASE USE CPT-CODE)

OPTION B

ALL-IN RATE =

/DAY

SHOULD A LETTER OF GUARANTEE BE SENT TO THE ABOVE MENTIONED HOSPITAL?

☐ YES

☐ NO

DATE AND SIGNATURE OF (FORMER) MEMBER OF PERSONNEL (4)

STAMP OF HOSPITAL/PHYSICIAN

(1) All information subject to medical secrecy may be sent for the attention of our medical consultant in a sealed envelope.

(2) Diagnosis and medical reports should be legible and without abbreviations.

(3) In case of surgery, the fee of each member of the surgical team; in case of conservative treatment, the fee of the main treating physicians.

(4) In view of a smooth administration of the contract and/or settlement of the insurance claim, and only for that purpose, I hereby give my specific and informed consent regarding the processing of the medical data concerning myself and/or the members of my family (article 7 of the Belgian Law of December 8, 1992 concerning the private life).