

**OUTPATIENT MEDICAL EXPENSES REFUND
S150 E**

SECTION TO BE FILLED IN BY THE INSURANT

Individual policy nr.

Group policy nr. Affiliation nr.

Bank account beneficiary:

SECTION TO BE FILLED IN BY THE MEDICAL PRACTITIONER

Name / first name patient: _____

Date of treatment	Social Security performance(s) code(s)	Paid fee	Social Security refund

Diagnose: _____

Signature, name and stamp of the medical practitioner	Social Security stamp

PHARMACEUTICAL PRODUCTS

We draw your attention to the fact that the pharmacist disposes of an official document 'Attestation of reimbursable pharmaceutical performances within the framework of a complementary insurance' (attest van vergoedbare farmaceutische verstrekkingen in het kader van een bijkomende verzekering / attestation de prestations pharmaceutiques remboursables dans le cadre d'une assurance complémentaire) of which the form and content are legally fixed (cfr. Royal Decree of 22.08.2002) and this, in order to obtain a refund of your outpatient pharmaceutical costs.

Since the Belgian legal dispositions are not valid abroad, the costs incurred abroad will be reimbursed on the basis of original bills (or copies if the national health care fund or a third party intervenes).