## HOSPITALIZATION CLAIM FORM
## S28/1 E

**Information to be filled in by the hospitalized person or his/her legal representative**

**Send it back to**: DKV Belgium | Bld. Bischoffsheimlaan 1-8 | 1000 Bruxelles/Brussel | Fax: **02 278 20 30** | Tel.: **02 287 64 11**

☐ **Individual Policy** ☐☐☐☐☐☐☐☐☐ ☐ **Group Policy Nr.** ☐☐☐☐☐☐☐☐

**Affiliation Nr.** ☐☐☐☐☐☐☐

**Patient's name and first name:** _____

**Date of birth:** ☐☐ / ☐☐ / ☐☐☐☐ **Beneficiary's account:** ☐☐☐☐☐☐☐☐☐☐☐☐

**Address of the insured person:** _____

_____

**Telephone:** _____ **Fax :** _____ **e-mail :** _____

**National Health Insurance Fund (NHIF):** ☐ small and major risks ☐ major risks ☐ without

**Complementary insurance NHIF ?** ☐ Yes ☐ No **If yes, name:** _____

**Hospitalization:** **FROM** ☐☐ / ☐☐ / **2 0**☐☐ **TILL** ☐☐ / ☐☐ / **2 0**☐☐

**Hospitalization:** ☐ single room ☐ twin-bedded room ☐ common room

**One-day clinic:** ☐ single room ☐ twin-bedded room ☐ common room

**Name, campus and address of the hospital:** _____

_____

**Name and address of the family practitioner:** _____

_____

| | | | | | |
|---|---|---|---|---|---|
| ILLNESS | **Nature of the illness (diagnosis):** | | | | |
| | **Date of first appearance:** | | | | |
| | **Causes of the illness:** | | | | |
| | **Applied treatment:** | | | | |
| ACCIDENT | **Nature of the accident:** | ☐ Private life | ☐ Work | ☐ School | |
| | **Description of the injuries:** | | | | |
| | **Applied treatment:** | | | | |
| | **Date and time of the accident:** | | | | |
| | **Place, causes and circumstances of the accident:** | | | | |
| | **Third party involved ?** | ☐ Yes | ☐ No | | |
| VARIOUS | **Reason:** | ☐ Childbirth | ☐ Artificial insemination | ☐ Sterilization | ☐ Plastic surgery |
| | **If hospitalized for other reasons, description and cause(s), please:** | | | | |
| | **Applied treatment:** | | | | |

Certified sincere and true, signature _____

**Date: ……/……/20…**

Een onderneming van de ERGO verzekeringsgroep. Ondernemingtoegelaten onder nr. 0739 om de tak 2 -ziekte- te beoefenen. - Une entreprise du groupe d'assurances ERGO. Entreprise agréée sous le n° 0739 pour la branche 2 -maladie-.



DKV Belgium S.A./N.V. | bld Bischoffsheimlaan 1-8 | 1000 Bruxelles/Brussel | tél.: 02 / 287 64 11 | fax.: 02 / 287 64 12 | contact@dkv.be | www.dkv.be | R.P.R. / R.P.M. 0414858607 | Trib. Comm. Bruxelles/ Rbkh Brussel