To be addressed to the advising doctor of the entitled party’s health insurer



1. **Patient details**

Forename and surname:

INSZ (Belgian social security number):

Address:

Post code and city:

1. **Referring doctor details**

Name + RIZIV (Belgian institute of health and disability insurance) number:
Telephone number or e-mail address:

Address:

 Post code and city**:**

1. **Initiating applicant** *(please tick the relevant box)*

[ ]  Myself as the referring doctor

[ ]  Myself at the suggestion of another doctor

Name:

 Address**:**

[ ]  Myself at the request of the patient

1. **Medical problem**

Medical diagnosis / problem:

Relevant history:

Description of injuries or dysfunctions that require rehabilitation:

 Previous treatment and results:

 Attached medical records:

1. **Requested healthcare**
	1. **Name of programme**:
	2. **Responsible foreign doctor:**

 Name:

 Reference with respect to expertise (as detailed as possible)

* 1. **Name and address of the institution where the rehabilitation is provided:**

Name:

Address:

Country:

Telephone number:

Website:

* 1. **Rehabilitation modalities** (*please tick*)

[ ]  admission to hospital where rehabilitation is given (with overnight stay)

[ ]  admission to a rehabilitation centre outside a hospital (with overnight stay)
[ ]  overnight stay outside the hospital or rehabilitation centre (= outpatient rehabilitation)

* 1. **Prescribed rehabilitation programme and performance**
		1. General description:

* + 1. Main components of the programme:

* + 1. Disciplines involved:

* + 1. Requested period: from       to
		2. Frequency (daily? Weekly? number of hours per day...):

* + 1. Target to be achieved through rehabilitation (as detailed as possible):

* 1. **Compared with rehabilitation programmes available in Belgium (please choose)**

[ ]  There is a similar rehabilitation programme in Belgium.

Rehabilitation Agreement (7xx.xxx.xxx) or (9xx.xxx.xxx)?[[1]](#footnote-1)

(Continue under 5.7.1)

[ ]  There is no similar rehabilitation programme in Belgium.

(Continue under 5.7.2)

* 1. **Argumentation for rehabilitation abroad**
		1. There is a similar rehabilitation in Belgium as referred to in this application.

 Explain why rehabilitation in Belgium is not possible:

* + Substantive reasons:

* + Medical/technical availability:

* + 1. There is no similar rehabilitation programme in Belgium.

Explain in what way rehabilitation programmes in Belgium differ from the requested programme:

* + Target group:

* + Programme content:

Explain why rehabilitation programmes available in Belgium cannot be applied:

* + Medical/technical availability:

* + Specific situation of the patient:

1. **Other doctors consulted in Belgium from the same field.**

Other doctors consulted in Belgium from the same field as the one in which the insured party is being referred abroad, and their written advice *(as comprehensive as possible,
e-mail also possible if the insured party remains anonymous).*

*NB: the health insurer's advising doctor can request this before making a decision.*

* Name + advice:
* Name + advice:
* Name + advice:

Date:

Signature:

|  |  |  |
| --- | --- | --- |
| Advising doctor VI[[2]](#footnote-2) | Advice of Medical Management VI | College of Medical Directors |
| Advice on:1. Does the prescribed programme concern rehabilitation?[[3]](#footnote-3)

[ ]  Yes[ ]  No1. Is it covered by the Belgian health insurance package as rehabilitation?[[4]](#footnote-4)

[ ]  Yes[ ]  No1. Programme (7xx.xxx.xxx) or (9xx.xxx.xxx)?[[5]](#footnote-5):

     1. Comments and reasoning[[6]](#footnote-6)

      | Advice on:1. Does the prescribed programme concern rehabilitation?

[ ]  Yes[ ]  No1. Is it covered by the Belgian health insurance package as rehabilitation?

[ ]  Yes[ ]  No1. Programme (7xx.xxx.xxx) or (9xx.xxx.xxx)?

     1. Comments and reasoning

      | Decision on:1. Does the prescribed programme concern rehabilitation?[ ]  Yes[ ]  No1. Is it covered by the Belgian health insurance package as rehabilitation?

[ ]  Yes[ ]  No1. Programme (7xx.xxx.xxx) or (9xx.xxx.xxx)?

     1. Comments and reasoning

      |
| Date      Identification and signature      | Date      Identification and signature      | Date      Identification and signature       |

**List of Advisory physicians**

Depending on where you are affiliated, please choose the right option: either the CM addresses or those of MC.

Als u bent aangesloten bij CM 120 en u woont in de:

* Provincie Antwerpen, gelieve dan de aanvraag te richten tot
CM, t.a.v. adviserend arts, Korte Begijnenstraat 22, 2300 Turnhout
* Provincie Vlaams-Brabant of Brussel, gelieve dan de aanvraag te richten tot
CM, t.a.v. adviserend arts, Platte-Lostraat 541, 3010 Kessel-Lo
* Provincie Limburg, gelieve dan de aanvraag te richten tot
CM, t.a.v. adviserend arts, Herkenrodesingel 101, 3500 Hasselt
* Provincie Oost-Vlaanderen, gelieve dan de aanvraag te richten tot
CM, t.a.v. adviserend arts, Martelaarslaan 17, 9000 Gent
* Provincie West-Vlaanderen, gelieve dan de aanvraag te richten tot
CM, t.a.v. adviserend arts, Beneluxpark 22, 8500 Kortrijk

Si vous êtes affilié(e) à la Mutualité chrétienne 134, veuillez faire compléter le formulaire de demande et l’envoyer en fonction du pays concerné à l’attention du médecin-conseil de la Mutualité Chrétienne :

* Allemagne et Pays-Bas, Rue Lucien Defays 77, 4800 Verviers
* France, Rue Saint Brice 44, 7500 Tournai
* Grand-Duché de Luxembourg, Rue de la Moselle 7-9, 6700 Arlon
* Autre pays : une des trois adresses ci-dessus

Für deutschsprachige Mitglieder der Christlichen Krankenkasse:

Bitte füllen Sie den Antrag auf Vorab-Genehmigung von Gesundheitsleistungen im Ausland aus, und senden ihn an den zuständigen Vertrauensarzt der Christlichen Krankenkasse,
Rue Lucien Defays 77, 4800 Verviers.

1. Please attach the corresponding application form in order to check whether the person concerned satisfies the conditions. [↑](#footnote-ref-1)
2. Review of any enclosed application form together with the history regarding interventions for rehabilitation. Please attach history when sending it to Medical Management and the College of Medical Directors. [↑](#footnote-ref-2)
3. Does the application relate to Rehabilitation (coordinated and focused multidisciplinary care)? [↑](#footnote-ref-3)
4. Is it covered by the Belgian compulsory health insurance package as rehabilitation? [↑](#footnote-ref-4)
5. Check if the programme specified by the referrer is correct; complete if necessary. [↑](#footnote-ref-5)
6. Check whether person eligible for intervention (fulfilled conditions for inclusion, funds still available), with reasons. [↑](#footnote-ref-6)