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 and address**:**

[ ]  Myself at the request of the patient

1. **Medical problem**

Medical diagnosis / problem:

Relevant history:

 Previous treatment and results:

 Attached medical records:

1. **Requested healthcare**
	1. Medical / technical description (as comprehensive as possible):

* 1. Doctor abroad
* Name:
* Credentials in terms of expertise (as comprehensive as possible)

* 1. Name and address of healthcare facility

* 1. Care modalities (*please tick the relevant box*)

[ ]  Outpatient or day admission (no overnight stay)

[ ]  Hospitalisation
Period: from       to

 Hospital type [ ]  public [ ]  private

* 1. Follow-up care (*please tick the relevant box*)

[ ]  No

[ ]  Yes

 Description:

 Frequency:

 Possible in Belgium (*please tick the relevant box*)

 [ ]  Yes

 [ ]  No

 Reason:

1. **Circumstances of application for care abroad**

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:
1. **Medical/technical availability of the requested healthcare in Belgium**

Availability of requested healthcare in Belgium (please tick the relevant box)

[ ]  Yes

Corresponding (pseudo) nomenclature number(s):

[ ]  No

 Standard/alternative treatment in Belgium in comparable medical situations:

1. **Reason for not utilising the healthcare available in Belgium**

 In the case of “more favourable medical circumstances”, please give reasons why in this patient's situation there is a need to diverge from the healthcare available in Belgium.

Date:

Signature:

P.S.1 These documents are provided to the advising doctor of the patient's health insurer.

P.S.2 The patient must wait for approval before they can be treated. The application procedure lasts a maximum of 45 days, unless additional information is sought.

**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.

**Application for healthcare abroad**

**To be filled in, in advance, by the referring specialist doctor**

Even though, within the European framework, policyholders of compulsory health insurance are guaranteed the important freedom to choose their health-care provider, even across national borders, European legislation rules that financial compensation for certain types of care, particularly those during hospitalisation, remain subject to prior authorisation from their insurance fund.

On a consent form to be obtained for care abroad, a motivation can be included from two perspectives:

- The **‘untimely’ availability** of the necessary care, taking into account the individual medical situation of the policyholder, within the borders of Belgium (waiting lists).

- If the necessary care can be granted during a hospitalisation in a foreign hospital **under better medical conditions**. 'Better medical conditions' are interpreted in a strictly medical-technical sense. Therefore, arguments of a social nature, comfort or the degree to which care is reimbursed do not play a role in the assessment.

This questionnaire offers the referring physician a guide to frame the motivation for care abroad. It avoids the same questions for additional information. You may enclose any other documents, but it forms the backbone for the decision of the insurance fund. **Please return the filled in questionnaire to the patient’s healthcare fund.**

It is extremely important for the medical officer to gain a complete picture of the application,

Many thanks in advance,

Advisory physicians

|  |  |  |  |
| --- | --- | --- | --- |
| Dr. Sofie Vertriest CM | Dr. Pieter Quisquater CM  | Dr. Juna Petrillo MC | Dr. Christina De Vos ZIV-AMI |