

HOSPITALIZATION CLAIM FORM S28/1 E

The following information must be sent by the hospitalized person or his legal representative within 5 days after admission date by mail or fax: DKV Belgium S.A./ N.V. | Rue de Loxum 25 | 1000 Brussels Phone: 32 (0)2 287 64 11 | Fax: 32 (0)2 278 22 22 | E-mail: medicard@dkv.be

Attention, there is no confirmation of receipt.

1) Information of the hospitalized person

Date of birth: / /		
	Sex: M / W	
address:		
BIC (only for foreign bank acounts):		
r risks	icker (label)	
🗆 yes 🛛 no		
	Iddress: BIC (only for foreign bank acounts r risks □ without Identification st	

2) Information about the hospitalization

Name and site of the h	ospital:	Admis	sion date: / /	
One-day clinic:	□ yes	🗆 no		
Hospitalization:	□ single room	□ twin-bedded room	□ common room	□ plaster room

3) Reason of the hospitalization

<u>Illness</u>	Exact nature of the illness:					
		Date of first appearance: / /				
	Cause of the illness: Nature of the treatment:					
Accident	□ private life □ work □ school □ sports (as	a club member) Date: / / Time: h				
	Place, causes and circumstances of the accident:					
	Third party involved? □ yes □ no If yes, name, address and policy n° and coordinates of his insurance company:					
	Was there a police report?	yes 🗆 no				
	Issued by the police of:	Report n°:				
<u>Various</u>	□ childbirth * □ artificial insemination □ sterilization If □ plastic surgery or □ other, please fill in the description, cause and nature of the treatment					
	Description and cause:					
* If you wish	n to insure your child, please contact your insurance	proker or Belgium N.V./S.A.				

Personal data are processed by DKV Belgium S.A., with registered office at Rue de Loxum 25, 1000 Brussels in accordance with the Belgian law on the processing of personal data and the General Regulation 2016/679 on the protection of individuals with regard to the processing of personal data and on the free movement of such data.

Certified sincere and true, signature + name of the signatory

Date: / /