Hospitalia

MEDICAL QUESTIONNAIRE

CONFIDENTIAL

Please complete a separate medical questionnaire for each policyholder. For children aged under 18, to be completed by the legal guardian. The medical questionnaire can only be examined when every question has been answered.

INSURED

Name :

First name :

Birth date :

Attach a mutual insurance company vignette here

GENERAL INFORMATION

Please indicate yes/no and complete if necessary.

	YES	NO
• Have you been hospitalised in the past 24 months?	☐	☐
○ If yes, why? _____		
• Are you due to go into hospital?	☐	☐
○ If yes, why? _____		
○ When? _____		
• Is there any ambulatory treatment scheduled (= without hospitalisation)? e.g. a number of sessions of physical therapy, logopedics, dentist, ...	☐	☐
○ If yes, why? _____		
○ When? _____		
• Do you regularly take medicine?	☐	☐
○ If yes, which medicine and for which disorder? _____		
• For women: are you pregnant?	☐	☐

Specific information

Please tick yes/no and fill in if necessary.

Cardiovascular disorders Are you suffering or have you suffered from:	YES	NO
• Heart attack	☐	☐
• Heart rhythm disorders	☐	☐
• Heart valve disorder	☐	☐
• Artery disease	☐	☐
• Hypertension	☐	☐
• Brain haemorrhage/cerebral thrombosis	☐	☐
• Congenital heart defect	☐	☐
○ If yes, which one? _____		
• Other disorder	☐	☐
○ If yes, which one? _____		

Disorders of the respiratory system Are you suffering or have you suffered from:	YES	NO
• Asthma	☐	☐
• Chronic bronchitis	☐	☐
• Emphysema	☐	☐
• Other disorder	☐	☐
○ If yes, which one? _____		

Disorders of the digestive system Are you suffering or have you suffered from:	YES	NO
• Crohn's disease	☐	☐
• Ulcerative colitis	☐	☐
• infection of the pancreas	☐	☐
• Cirrhosis of the liver	☐	☐
• Other disorder	☐	☐
○ If yes, which one? _____		

Disorders of the kidneys, the urinary tract and the genitals Are you suffering or have you suffered from:	YES	NO
• Kidney stones	☐	☐
• Polycystic kidneys	☐	☐
• Renal failure/dialysis	☐	☐
• Prostate trouble	☐	☐
• Disorder of the uterus/the tubes	☐	☐
• Other disorder	☐	☐
○ If yes, which one? _____		

MLOZ Insurance is the health insurance company of the Independent Health Insurance Funds (Partenamut - Freie Krankenkasse - Helan Onafhankelijk ziekenfonds). Approved under code OCM-CDZ no 750/01 for branches 2 and 18 by the Control Office of health insurance funds and national associations.
Head office: route de Lennik 788A, 1070 Brussels - Belgique (RPM Brussels) - www.mloz.be - Entreprise number: 422.189.629.

Name :

First name : Birth date :

Muscular and osteoarticular disorders **YES** **NO**
Are you suffering or have you suffered from:

- Arthrosis
  - ○ Hip ☐ ☐
  - ○ Knee ☐ ☐
  - ○ Other place(s) _____
- Rheumatic disease ☐ ☐
- Slipped disc ☐ ☐
- Muscular disease ☐ ☐
  - ○ If yes, which one? _____
- Congenital malformation of the bones/joints ☐ ☐
  - ○ If yes, which one? _____
- Osteoporosis (bone decalcification) ☐ ☐
- Other disorder ☐ ☐
  - ○ If yes, which one? _____

Neurological and psychological disorders **YES** **NO**
Are you suffering or have you suffered from:

- Epilepsy ☐ ☐
- Multiple sclerosis ☐ ☐
- Parkinson's disease ☐ ☐
- Alzheimer's disease ☐ ☐
- Drug addiction ☐ ☐
- Alcohol dependence ☐ ☐
- Other neurological or psychological disorder ☐ ☐
  - ○ If yes, which one? _____

Disorder of: eye, ears, mouth, nose and throat **YES** **NO**
Are you suffering or have you suffered from:

- Cleft lip and/or palate ☐ ☐
- Other oral and maxillofacial disease ☐ ☐
  - ○ If yes, which one?
- eye disease ☐ ☐
  - ○ If yes, which one?
- Hearing problems ☐ ☐
  - ○ If yes, which ones?
- Others ☐ ☐
  - ○ If yes, which ones? _____

Specific disorders **YES** **NO**
Are you suffering or have you suffered from:

- Obesity (BMI >=30) ☐ ☐
  BMI = weight in kg: (height in m X height in m)
  - ○ If yes, what is your current weight? .....kg
    how tall are you? .....cm
- Diabetes ☐ ☐
  - ○ If yes, do you use insulin? ☐ ☐
- Chronic hepatitis ☐ ☐
- HIV-positive / AIDS ☐ ☐
- Malignant disease (cancer) ☐ ☐
  - ○ If yes, of which organ? _____
  - ○ If yes, when was it diagnosed? _____

Are you being or have you been treated by:

- Radiotherapy ☐ ☐
- Chemotherapy ☐ ☐
  - ○ If yes, when? _____

Did you have the following operation?

- Organ transplant ☐ ☐
  - ○ If yes, of which organ?

Are you suffering or have you suffered from a disorder which has not been mentionned yet? ☐ ☐
  - ○ If yes, which one? _____

I, the undersigned, _____ , declare that I have answered the preceding questions without intentionally withholding any information or any erroneous statements possibly resulting in the loss of entitlement to SMA MLOZ Insurance reimbursements.

Done in _____ on 2 0 Signature

Right to reimbursements

To benefit from our reimbursements, a waiting period of 3 months for Hospitalia Smart, Care and plus and 6 months for Hospitalia Continuity and Ambulatory applies, beginning on the date of joining. There is no waiting period in case of accident, following the agreement of our Hospitalia Medical Counsellor. There is no waiting period for the newborn if the waiting period of the parents is finished before the birth (+ exceptions).
In case of membership of the Hospitalia Smart, Hospitalia Care or Hospitalia Plus product after a similar hospitalisation insurance, the waiting period may be waived according to the conditions in the statutes. No reimbursement is granted for a period of hospitalisation that starts during this waiting period.
In case of disease, disorder or state (like pregnancy) existing at the date of affiliation or at the date of product transfer, which leads to an hospitalization, the intervention is limited: exclusion of the room supplements and extra fees in single bedrooms for Hospitalia Smart, Hospitalian Care and Hospitalia Plus (as far as the waiting period is finished) and for Hospitalia Ambulatory, by refusing the reimbursement of the ambulatory benefits related to this disease, disorder or state.
In case of childbearing within the 9 first months of the membership of the product, the childbearing can be considered as the result of a preexisting state. In this case, the costs of hospitalisation will be borne, except for supplements linked to the stay when the insured person chooses to stay in a private room, provided the general waiting period has ended.
However, this limitation is not applicable if the childbearing happens after 9 months of cumulated membership to a similar mutual insurance and to the Hospitalia insurance.