

## REQUEST FOR INTERVENTION

Note: before starting to complete this form, please read the explanatory note on the back

Name and first name of person hospitalised: .....

Date of birth of person hospitalised: .....

Attach a mutual insurance company  
vignette here

### Request for intervention about:

- deposit paid to the hospital
- hospitalisation bill
- pre- and post-hospital care\* (See reverse)
- Serious Illnesses guarantee\* (See reverse)

In case of an accident, please indicate the date of the accident : .....

Are you covered by another hospitalisation insurance policy?  YES  NO

If yes, please send us a copy of your invoice and the cost of the intervention.

- I declare expressly, and up to the amount due, to assign to the MLOZ Insurance, all his or her rights in regard to any responsibility for this loss, including that of any insurer.
- I authorise the SMA MLOZ Insurance to request details of the invoicing from the hospital institution and from the provider of medical care and to proceed in my name to every recovery from these institutions or persons, of payments charged and/or made by mistake.
- I declare that I have been informed that in case of any false statement on my part, I will be liable to the penalties provided for by the insurance law and to criminal penalties. I am aware that any false statement constitutes a falsification, a fraud attempt and a fraud punishable by law.
- I agree that the SMA MLOZ Insurance may contact my health insurance company or the National Association of Independent Health Insurance Funds directly in order to optimise my reimbursements on the basis of the data they have received in the context of the compulsory and complementary insurance.

Done in .....

Certified true and sincere,  
**signature:**

\* Only complete for treatment related to hospitalisation or Serious Illnesses guarantee, if :

- The dispensations before and after hospitalisation were invoiced by an e-attest (electronic care certificate).
- You have already submitted your care certificates to the health insurance fund.
- Your provider has invoiced the dispensation via the third-party payer system and you have not received any justificatory documents. Please mention here the name of the provider and the date of the dispensation (in case of physical therapy, speech therapy or nursing care, you can indicate the period of care).

Name of the provider + date:	Name of the provider + date:
Name of the provider + date:	Name of the provider + date:
Name of the provider + date:	Name of the provider + date:
Name of the provider + date:	Name of the provider + date:
Name of the provider + date:	Name of the provider + date:

Dear Sir/Madam,

We wish you a speedy recovery and hope that you remain in good health once you leave hospital.

All the information requested in this document is important and will help us to calculate the reimbursement of your hospitalisation costs to which you are entitled, of pre- and post-hospital care and of care provided for Serious Illness guarantee.

It is therefore in your own interests to complete the form correctly so that we can reimburse you as quickly as possible.

**You are of course responsible for paying the hospital bill personally.**

Here are some explanations to assist you in completing this form:

- you need to complete an “request for intervention” for each request of reimbursement;
- if you are a member of Hospitalia Continuity, the reimbursement will be granted on the basis of the detailed account of the intervention by your group insurance, which you should send to us.  
You must therefore send the hospital bill to your group insurer.

If subsequently, and for the same period of hospitalisation, you receive other bills, please attach the originals of these bills to a new “request for intervention”

If you are concerned by pre- and/or post-hospital care, as well as by the Serious Illnesses guarantee, you should submit all your justificatory documents or, in the absence of these, mention it in the box above.

Justificatory documents may be sent digitally, **except for claim reimbursement receipts** (which must be original ones). In this case, the digital copy must be of good quality (legible) and conform to the original (no handwritten changes or alterations). We reserve the right to request the original document.

Experience teaches us that when the patient indicates that he has a hospitalisation insurance policy, the fee supplements for which he is responsible tend to increase. In your own interest we therefore advise you never to declare that you have taken out insurance cover of this kind.

We assure you that we remain at your service and always ready to listen so that we can provide you with advice and assistance in all the procedures linked to your hospitalisation.

You can count on us!

**Your mutual insurance company.**

**The reason for the hospitalisation is one of the following:**

- illness or accident:
  - resulting from war;
  - resulting from the practice of a remunerated sport, including training;
  - following a riot, civil disorder, any act of collective violence or political, ideological or social origin, whether or not accompanied by a revolt against a government or any established authority;
  - arising when the insured is under the influence of tranquillizers, hallucinogenics or other drugs;
  - resulting from voluntary participation in a crime or offence;
  - resulting from an intentional act by the insured, except in case of the rescuer of people or goods, or from the voluntary aggravation of the risk by the insured (attempted suicide is not considered an intentional act);
  - resulting from drunkenness, alcoholism or drug addiction;
  - resulting from nuclear reactions;
- a rejuvenation-type cure.

In accordance with the European Regulation of 27 April 2016 on Data Protection (GDPR), your data will be processed by the HIC MLOZ Insurance, acting as data controller for the management of your health insurance contracts. Our privacy policy is available on request by mail (MLOZ - DPO, route de Lennik 788A at 1070 Brussels) or through the following link: <https://www.mloz.be/fr/privacyMLOZInsurance>.

**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.

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