

* To fill in if your medical dispensations are settled **by e-Attest**.

Ticket number/certificate number (e. g. 500-1-170329-0000001-29) received from your health care provider.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

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 "Intervention request" for each request of reimbursement;
- when it is the first intervention request for the hospitalisation, it is important to attach the original detailed invoice from this hospital and to tick the box "First intervention request";
- 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. Hospitalia Continuity will then reimburse you for the outstanding balance on the basis of this account that you receive from your insurer.

If subsequently, and for the same period of hospitalisation, you receive other bills, please attach the originals of these bills to a new "Intervention request" form, ticking the "Supplementary intervention request" box.

If you are covered for pre- and/or post-hospitalisation care, as well as for the Serious Illness guarantee, please submit your original bills and the settlement of the certificates testifying treatment, or a copy here of.

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.

(1) 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;
 - resulting from drunkenness, alcoholism or drug addiction;
 - resulting from nuclear reactions;
- a rejuvenation-type cure.

In accordance with the law of 8 December 1992 concerning the protection of privacy in regard to the processing of data of a personal nature, the data that you communicate to us will be the subject of automatic processing by the SMA "MLOZ Insurance" (company no. 422 189.629, route de Lennik 788A, 1070 Brussels) with a view to a correct processing of your file or for marketing purposes.

Unless you object to this by ticking this box, you are understood to authorise the SMA to communicate your administrative data to our partners .

If you wish, you can consult your data in the presence of the Hospitalia data processing manager, and also correct or remove data, in application of the law on the protection of privacy of 8 December 1992.