Hospitalia

www.hospitalia.be

MEDICAL QUESTIONNAIRE

Confidential

Type of membership: ☐ **New membership** ☐ **Transfer of cover**

Cover chosen: ☐ Hospitalia ☐ Hospitalia Continuity

☐ Hospitalia and Hospitalia Plus ☐ Hospitalia Ambulatory (Outpatient)

Please complete a separate medical questionnaire for each policyholder. For children aged under 18, to be completed by the parents.

Name and first name of policyholder ____________________

Mutual insurance co. ☐☐☐ ____________________

National register no. ☐☐☐☐☐☐☐☐☐☐☐

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? ____________________

____

____

____

	YES	NO
• Are you due to go into hospital?	☐	☐

○ If yes, why? ____________________

○ When? ____________________

	YES	NO
• Do you take medicine regularly for a chronic condition?	☐	☐

○ If yes, what medicine for what condition?

____

____

____

	YES	NO
• For women: are you pregnant?	☐	☐

Specific information

Please indicate yes/no and, if yes, complete and specify if necessary.

Cardiovascular disorders/diseases

Do you suffer or have you suffered from:

	YES	NO
• Congenital heart malformation	☐	☐

○ If yes, which? ____________________

	YES	NO
• Heart attack	☐	☐
• Cardiac dysrhythmia	☐	☐
• Heart valve problems	☐	☐
• Arterial disease	☐	☐
• Hypertension	☐	☐
• Brain haemorrhage/stroke	☐	☐
• Other disorder/disease	☐	☐

○ If yes, which? ____________________

Disorders/diseases of the respiratory system

Do you suffer or have you suffered from:

	YES	NO
• Asthma	☐	☐
• Chronic bronchitis	☐	☐
• Emphysema	☐	☐
• Other disorder/disease	☐	☐

○ If yes, which? ____________________

Disorders/diseases of the digestive system

Do you suffer or have you suffered from:

	YES	NO
• Crohn's disease	☐	☐
• Colitis ulcerosa	☐	☐
• Infection of the pancreas	☐	☐
• Cirrhosis of the liver	☐	☐
• Other disorder/disease	☐	☐

○ If yes, which? ____________________

Disorders/diseases of the kidneys, urinary tracts or genital organs

Do you suffer or have you suffered from:

	YES	NO
• Kidney stones	☐	☐
• Polycystic kidneys	☐	☐
• Renal failure/dialysis	☐	☐
• Prostrate problem	☐	☐
• Disorder/disease of the uterus/uterine tubes	☐	☐
• Other disorder/disease	☐	☐

○ If yes, which? ____________________

" Mutuelle Entraide Hospitalisation" mutual insurance company
Approved under code no OCM-CDZ 750/01 for branches 2 and 18 by Control Office of mutual insurance - Avenue de l'Astronomie,1 - 1210 Bruxelles - Registered office: Route de Linnik 778 - 1070 Brussels - Belgium (RPM Brussels) - Enterprise number: 422.189.629
Responsible editor: X. Brenez

Name and first name of policyholder: ______

Muscular and osteoarticular disorders/diseases

Do you suffer or have you suffered from:

	YES	NO
• Osteoarthrosis		
○ Hip	☐	☐
○ Knee	☐	☐
○ Other place(s) ______		
• Rheumatic disorder/disease	☐	☐
• Slipped disk	☐	☐
• Muscular disease	☐	☐
○ If yes, which? ______		
• Congenital malformations of the bones/joints	☐	☐
○ If yes, which? ______		
• Osteoporosis (loss of calcium in the bones)	☐	☐
• Other disorder/disease	☐	☐
○ If yes, which? ______		

Neurological and psychological disorders/diseases

Do you suffer or have you suffered from:

	YES	NO
• Epilepsy	☐	☐
• Multiple sclerosis	☐	☐
• Parkinson's disease	☐	☐
• Alzheimer's disease	☐	☐
• Psychological complaint	☐	☐
○ If yes, which? ______		
• Other disorder/disease	☐	☐
○ If yes, which? ______		

Disorders/diseases of the: mouth, nose, throat, ears

Do you suffer or have you suffered from:

	YES	NO
• Cleft lip/palate	☐	☐
• Hearing problems	☐	☐
• Other	☐	☐
○ If yes, which? ______		

Specific disorders/diseases

Do you suffer or have you suffered from:

	YES	NO
• Obesity	☐	☐
• Diabetes	☐	☐
○ If yes, do you take insulin?	☐	☐
• Chronic hepatitis	☐	☐
• HIV positive/AIDS	☐	☐
• Malignant disease (cancer)?	☐	☐
○ If yes, which organ? ______		
○ If yes, when was it diagnosed ? ______		

Are you being or have you been treated by:

	YES	NO
• Radiotherapy	☐	☐
• Chemotherapy	☐	☐
○ If yes, when? ______		

Have you had the following surgery?

	YES	NO
• Organ transplant	☐	☐
○ If yes, which organ? ______		

	YES	NO
Do you suffer or have you suffered from a disorder/disease that has not yet been mentioned?	☐	☐
○ If yes, which? ______		

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 "Mutuelle Entraide Hospitalisation - Ziekenfonds voor Hospitalisatiekosten" reimbursements.

Done in ______ on __ __ / __ __ / 2 0 __ __ Signature

Entitlement to reimbursements

To benefit from our reimbursements, a waiting period of 6 months 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 or Hospitalia and 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 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 pre-existing 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.

"In accordance with the law of 8 December 1992 on the protection of personal life in regard to the processing of data of a personal nature, the information you give in completing this form is intended to ensure the follow-up of your Hospitalia membership. This form will be processed under the surveillance and responsibility of the doctor attached to the SMA.
You are entitled to consult your personal data and if applicable to correct them in accordance with the procedures laid down in the law of 8 December 1992. You can exercise this right (access and correction) by contacting the data processing manager at: "Mutualité Entraide Hospitalisation" Mutual Insurance Company, enterprise number 422.189.629 - 19, Route de Linnik 778 - 1070 Bruxelles.
All additional information on our automated processing can be obtained from the Commission on the Protection of Personal Life."