



Estimation : 2019/111

Applicant : Dr Remiche

ASSESSMENT FOR THE COSTS OF THE CARES

Brussels, 07/02/2019

Temporary estimate for information only for patient without mutual insurance company, valid until 07/08/2019

Name & Surname : STRATANENCO ELENA


Birthdate : 16/10/1995

Doctor : Dr Remiche

This estimate can not be considered as a definitive price.

- Hospitalization for 3 days in room with 2 bed(s)	€ 3,150.00
- Medical examination (IRM and blood test) :	€ 500.00
- Biopsies :	€ 450.00
- Total deposit :	€ 4,100.00

Please, read the important remarks to the verso of this page.



Aurélie Janssens,
Manager of patient File.



Annik Deleau,
Person in charge Office of Tariffing.

- a) The assesement doesn't include : telephone, television, drinks (except during the lunches).
- b) Please read the inclosed brochure about admission in Erasme.
- c) This document is essential for your admission. Don't forget it.
- d) No reimbursement will be granted before the final statement, even in the event that the period of hospitalization proves shorter than the estimated number of days of hospitalization.
- e) So as to pay immediately, please find the informations of our bank :

BNP Paribas Fortis - rue Montagne du Parc 3 - 1000 Bruxelles
N° : BE89-0042-5003-4485
Code BIC/SWIFT : GEBABEBB

Communication : your name, surname & birthdate.

ORIGINAL TO BE RETURNED TO THE « TARIFICATION » SERVICE

- mail : estimation@erasme.ulb.ac.be
- fax : 00 32 2 555 48 88
- post : Hôpital Erasme
Service Tarification
Route de Lennik 808
1070 Bruxelles
Belgium

Patient commitment for (entitle of the operation)

I, the undersigned :

Born :

Residing at :

Declare by the present that I :

- acknowledge the above-referenced deposit assessment and that I have received a copy thereof, as thereof, as well as a copy of the Special Administrative Conditions concerning said deposit assessment. Those conditions are restated on the reverse of this form;

- acknowledge and accept the preliminary and purely indicative nature of the deposit assessment and of the deposit itself;

- understand all terms of the present form and that I have received all explanations necessary to understand the scope and meaning thereof;

- agree to pay, at the first request, as supplementary deposit, any deposit called for in the course of hospitalization, if it should transpire that the basic deposit is inadequate to cover the costs actually generated by the treatment and comforts requested;

- I commit myself to paying any invoices or supplementary deposits (950.00€ /per supplemental day) related to the hospital stays or at the one day clinic or at the out-patient treatment, the pathology will require.

In conclusion of which I am paying, as a deposit, the amount of € 4,100.00
Account : BE89-0042-5003-4485 - Code BIC/SWIFT : GEBABEBB
BNP Paribas Fortis - rue Montagne du Parc 3 - 1000 Bruxelles
Proof of payment (debit notice or receipt) is attached to the present form.

Done at, the

Signature with handwritten notation « Read and Approved ».