

## Request authorization for care abroad

Even though, within the European framework, policyholders of compulsory health insurance are guaranteed the important freedom to choose their health-care provider, even across national borders, European legislation rules that financial compensation for certain types of care, particularly those during hospitalization, remain subject to prior authorization from their insurance fund.

On a consent form to be obtained for care abroad, a motivation can be included from two perspectives:

- The **'untimely' availability** of the necessary care, taking into account the individual medical situation of the policyholder, within the borders of Belgium (waiting lists).
- If the necessary care can be granted during a hospitalization in a foreign hospital **under better medical conditions**. 'Better medical conditions' are interpreted in a strictly medical-technical sense. Therefore, arguments of a social nature, comfort or the degree to which care is reimbursed, do not play a role in the assessment.

This questionnaire offers the referring physician a guide to frame the motivation for care abroad. It avoids the same questions for additional information.

You may enclose any other documents, but it forms the backbone for the decision of the insurance fund.

It is extremely important for the medical officer to gain a complete picture of the application,

Many thanks in advance,

Advisory physicians,  
experts abroad

Dr. Bruno Meunier  
MC Hainaut-Picardie

Dr. Christian Delsupexhe  
MC Liège

# Request authorization for care abroad

To be completed beforehand by the referring physician.

In the event of a request for rehabilitation, please enclose the Riziv [Belgian Sickness and Invalidity Institute] rehabilitation form.

## ADMINISTRATIVE ELEMENTS

Identification of **the patient**:

Name:.....  
First name:.....  
Address:.....No.....Town .....

A/c No.:.....

Identification of the **referring physician**:

Name and first name:.....  
Address:.....No.....Town .....

Riziv-identification: . / . . . . / . . / . . .

**The localization** of care abroad:

- Hospital or other center of care (identification and address):

Name:.....  
Address.....  
.....  
Country:.....  
Tel:.....  
Website: .....

- Doctor(s):

Name, first name .....

Address.....

.....  
Qualification: .....

If a **moment or period** has already been planned for this care (see item 2), the exact date(s):

.....

**Who** made the **request** for foreign care?

- You, who granted this motivation, or a referral from another doctor (identification)?.....  
.....  
.....
- The patient? Yes / No

## MEDICAL MOTIVATION

1. Brief description of the **medical problem** that gives rise to the current request for care abroad.

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2. The **type** of care for which authorization is requested.

(more in-depth diagnosis or therapeutic intervention, second opinion in case of known diagnosis, a specific procedure, the administration of specific medication ...)

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3. A medical **technical** description of the care for which authorization is requested.

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4. **Broader outline** of the history of the patient in the light of these problems (see item 1): the diagnostic course, a description of any previous treatments, results of previous treatments. (with possible attachments).

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5. If an **analogy** is to be drawn with services performed in the Belgian **insurance package**, what does the foreign care correspond with (see item 2)?

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6. What is the **standard care** provided in a similar situation in Belgium (see item 2)?

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.....

7. Is this care (see item 2) **available** in Belgium?

If not: If this care (see item 2) is not available in Belgium, what is the medical-technical motivation for referral abroad, compared to the care available in Belgium (see item 3)

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If so: If this care (see item 2) is also available in Belgium, why do you refer the patient abroad (medical technical motivation)?

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Have you enquired at other hospitals/with other doctors about offering an alternative in Belgium? Please add references, if any.

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8. Do you have (scientific) **references** that provide guarantees when choosing this type of **care** (see item 2) compared to the care available in Belgium (see item 2)? Please enclose.

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9. Do you have references that guarantee the **expertise** of the **doctor** /foreign establishment? Please enclose.

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10. Is the care abroad (see item 2) granted on an outpatient basis (no overnight stay, including the day-care hospital) or during a period of hospitalization?

Outpatient? Yes / no

Day-care hospital? Yes / no

Hospitalization? Yes / no

Partly outpatient, partly hospitalization?

Period of hospitalization: from...../...../ .....to .../...../.....

11. Do you foresee this care (see item 2) abroad as a one-off treatment or do you foresee repeats?

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12. Do you foresee that a certain form of follow-up will be necessary? If so, what type do you foresee?

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13. Should this follow-up be done abroad? If so, please provide a medical-technical motivation.

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Date:

Signature and stamp:

P.S. 1 These documents are submitted to the patient's local insurance fund for the attention of the advisory physician.

P.S. 2 Consent must be given prior to the start of treatment, the application procedure takes no more than 45 days, except if we need more information.

## **Addresses of advisory-physicians**

### **MC Brabant Wallon**

MC Brabant wallon, à l'attention du médecin conseil Boulevard des Archers 54 1400 NIVELLES

### **MC Hainaut Oriental**

MC Hainaut Oriental, à l'attention du médecin conseil Rue de Douaire 40 6150 ANDERLUES

### **MC Hainaut Picardie**

MC Hainaut Picardie, à l'attention du médecin conseil Rue St. Brice 44 7500 TOURNAI

### **MC Liège**

MC Liège, à l'attention du médecin conseil Place du XX Août 38 4000 LIEGE

### **MC Province de Luxembourg**

MC Province de Luxembourg, à l'attention du médecin conseil Rue de la Moselle 7-9 6700 ARLON

### **MC Province de Namur**

MC Province de Namur, à l'attention du médecin conseil Rue des Tanneries 55 5000 NAMUR

### **MC Saint-Michel**

MC Saint-Michel, à l'attention du médecin conseil Boulevard Anspach 111-115 1000 BRUXELLES

### **MC Verviers-Eupen**

MC Verviers-Eupen, à l'attention du médecin conseil Rue Laoureux 25-29 4800 VERVIERS