

OVERSEAS CONTACT

Chantal Bleyaert
02 509 20 18
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ADDRESS

Victor Hortaplein 11
1060 Brussels

PRACTICAL GUIDELINES FOR SUBMITTING YOUR MEDICAL EXPENSES

Our department provides a reimbursement of the costs of medical treatments, products and materials insofar as and to the extent that a reimbursement is provided for by the law relating to the compulsory health care and benefits (regulations of the RIZIV/INAMI). You are free to consult these guidelines on the website of the RIZIV/INAMI (<https://www.riziv.fgov.be>).

When submitting your medical expenses, you should use the request form "Survey". Please send this fully completed document accompanied by the **original** certificates and the proofs of payment to :

RSZ-ADVII/OSZ
Dienst geneeskundige verzorging
Victor Hortaplein 11
1060 Brussels

You have to fill out a survey **for each family member** for whom you submit medical expenses. Rank and number the proofs of payment per insured person and per country in the territory of which the expenses have been incurred. Limit the use of staples to a minimum and avoid the use of tape.

We advise you to make a copy of your file before you send it to us.

If you submit medical expenses for the first time, you should join the fully completed form "bank data". Only when you modify these data, you will have to send it again at a later stage.

The department reimburses the medical expenses on condition that you have paid your contributions for the month during which the costs have been made.

You have 36 months starting from the issue date to submit your medical expense statements to our department.

If you have questions about the reimbursement of your medical expenses, you are free to submit them by e-mail to the address fgvn-osz@rsz.fgov.be or by phone at the number 00 32 2 509 20 18.

With every communication with our department, you should mention your registration number, which you may find on your certificate of affiliation. It consists of the letter E followed by the first six digits.

Do you need a certificate proving your affiliation to the department ?
Send your request to aansluitingenattesten-osz@onssrszls.fgov.be.

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HOW DO YOU COMPLETE THE REQUEST FORM "SURVEY"?

Mention the following information:

- your registration number (to be found on your certificate of affiliation)
- your family and first name in your capacity as policy holder
- the family and first name of the family member for whom you submit expenses
- country: in which country were the expenses incurred ?
- sent on: date on which you send your form
- the date on which the medical care has been delivered
- nature of the care (rank and number the supporting documents)
- a concise description such as:
 - consultation with a physician,
 - pharmacy,
 - radiology,
 - lab,
 - dentist
 - hospital admission
 -
- amount: how much did you pay for the health care ?
- currency: in which currency was the invoice issued ?
- address of correspondence: indicate both your complete postal address and your e-mail address
- your bank data
- the applicant's name and signature

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ON THE BASIS OF WHICH DOCUMENTS DO WE INTERVENE?

1. CARE PROVIDED IN BELGIUM

Care provided in Belgium

Following a consultation or a treatment by a physician, dentist, physiotherapist or other health care provider, you receive a "certificate of care". These expenses are reimbursed in accordance with the applicable tariffs of the RIZIV/INAMI.

Medication

The reimbursement of medication bought in Belgium is made by the department on the basis of **annex 30** (document proving the payment in cash of the reimbursable pharmaceutical dispensations) delivered by the pharmacist. The department does not reimburse on the basis of a receipt or a BVAC form (certificate of reimbursable pharmaceutical dispensations under a complementary insurance scheme). All medicines have to be fully paid in advance by the insured. Please keep in mind that only prescribed medicines are qualified for a possible reimbursement.

Hospital admission

In case of a hospital admission in Belgium, the hospital has to send a "notification of hospital care and payment obligation" (form 721bis) to the department in order to be able to apply the third-party payer scheme.

This can be done either by post to the RSZ-ADVII/OSZ, Dienst geneeskundige verzorging, Victor Hortaplein 11 at 1060 Brussels or electronically to the address rechtengeneeskundigeverzorging-osz@onsrszsls.fgov.be.

PLEASE NOTE that the third-party payer scheme is only authorized if you have paid your contributions for the month in which the hospital admission takes place..

Consent of the advisory doctor

For a number of medical dispensations (medication, orthodontics, speech therapy, rehabilitation, physiotherapy, prostheses, ...) a prior consent of the advisory doctor of the department is required. For care provided in Belgium, the health care providers have to comply with the applicable regulations of the RIZIV/INAMI and if required have to send the necessary applications to the advisory doctor of the department, either by post to RSZ-ADVII/OSZ, Medisch secretariaat, Victor Hortaplein 11 at 1060 Brussels or electronically to the address medisch-osz@onsrszsls.fgov.be.

Vaccines and antimalarial agents

The department intervenes in the costs of vaccines and antimalarial agents.

2. CARE PROVIDED ABROAD

The RSZ-ADVII/OSZ intervenes worldwide in the costs of all medical treatments, products and materials insofar as and to the extent that a reimbursement is provided for by the regulations of the RIZIV/INAMI. The reimbursement amounts to 75% of the cost price paid by you. You choose your care provider or the hospital where you seek health care.

In case of medical expenses incurred **abroad** (including hospital admissions), you have to send us the **original** detailed invoices accompanied by the **proof of payment** and if necessary a medical prescription and/or report. The invoice has to mention precisely which health care is provided and which amount corresponds to a specific care dispensation.

The invoice has to be issued in one of the following languages: Dutch, French, German, English or Spanish. If this is not the case, a translation in one of the three official languages has to be joined.

The invoices submitted should always mention the following information:

- the patient's name
- the date of the provision of health care
- the diagnosis and the details of the care provided
- the amount charged for the care provided
- the care provider's identification data
- the care provider's official stamp

In case of a hospital admission abroad, we always ask to join a medical report.

Health care subject to medical prescription

1. Medication

The pharmacy's invoice has to mention:

- the patient's family and first name
- the names of the purchased medication and their respective price

Join both the proof of payment and the medical prescription (original or copy).

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2. Physiotherapy

The physiotherapist's invoice has to mention:

- the patient's family and first name
- the dates on which a session has taken place

Join to this invoice both the proof of payment and the medical prescription.

Advisory doctor

For costs incurred abroad the reimbursement of certain medical care (certain medication, orthodontics, speech therapy, rehabilitation, physiotherapy, prostheses, ...) is also subject to the prior consent of the advisory doctor of the department.

Applications can be sent to the advisory doctor of the department, either by post to RSZ-ADVII/OSZ, Medisch secretariaat, Victor Hortaplein 11 at 1060 Brussels or electronically to the address medisch-osz@onssrszls.fgov.be.