Neutra intervention request

(*) I, the undersigned, the person receiving care or their legal representative,

☐ consent ☐ do not consent

to the processing of my personal data relating to health by SMA Neutra for the purposes defined

Contact details of the person receiving care

Last name* : * : .....
** Or attach a mutual insurance sticker*

First name* : * : .....

National ID number* : * : .....
(if not available, enter date of birth)

Street : : .....

Number : : ..... Box : : ..... Zip code : : .....

City : : .....

Country : : .....

Phonenumber : : .....

Email : : .....

Bank account number **(mandatory)** : .....

Subject of the request for assistance

Hospitalization of ..... to .....

Or day hospitalization of .....

Name of hospital : : .....

Location : : .....

Medical reason for hospitalization : : .....

Is this hospitalization related to an accident ? ☐ Yes ☐ No

Serious illness : : ☐ Yes ☐ No

For any serious illness, please provide us with a medical report specifying the nature of the illness and the date of commencement of treatment.

Signatory's first and last name : : .....

Certified as sincere and true,

Done at ..... , on ..... **Signature**

Société Mutualiste d'Assurances Neutra

Rue de Joie 5 - 4000 Liège
Tel : 04.254.54.90

N° entreprise : 0472.020.311
Agréé par l'OCM : n°250/2

info@neutrassur.be
https://www.neutrahospi.be

Information to be provided only in the event of an accident

Cause : : ☐ School ☐ Sports ☐ Traffic ☐ Work

1. Clear and precise description of the accident and bodily injury

Location of the incident (exact address) : : .....

Date of the accident : : .....

Clear and precise circumstances of the events : : .....

.....

Nature of the injuries : : .....

.....

Is there another contract that could cover this claim ? ☐ Yes ☐ No

2. To be completed in the event of an accident at work, during sports, or at school

Please note : It is the responsibility of the insurance company of the liable party to intervene in this type of accident. Neutra will intervene if you are left with an amount to pay after this insurance has intervened, or in the event of refusal, in accordance with the general and specific terms and conditions of your contract.

Name and address of employer, club, or school : : .....

.....

Policy number : : .....

Claim number : : .....

3. To be completed if a third party may be liable

Has a report been drawn up : ☐ Yes ☐ No

Report number : : .....
If you have a copy of the hearing report, please send us a copy.

Name of the insurance company of the third party liable : : .....

Policy number : : .....

Claim number : : .....

Signatory's first and last name : : .....

Certified as sincere and true,

Done at ..... , on ..... **Signature**

This form should be returned to the attention of Dr. Meurmans, medical advisor to SMA Neutra, Rue de Joie 5, 4000 Liège.
I declare on my honor that all the information contained herein is complete, correct, and true. I am aware that a false, inaccurate, or incomplete declaration may be considered fraud or attempted fraud, with the administrative and criminal penalties that this entails.
(*) The patient, or their legal representative, is legally required to submit this declaration to SMA Neutra. By completing this declaration, the patient, or their legal representative, is providing personal data relating to their health, hospitalization, or serious illness, for the purpose of obtaining reimbursement of expenses covered by their hospitalization insurance policy.
The free and informed consent of the person receiving care, or their legal representative, is essential for SMA Neutra to process this personal data relating to health. The person receiving care, or their legal representative, may at any time request to consult, modify, or delete the data, as well as withdraw their consent, without this having any effect on processing that has already been carried out. To do so, a written, dated, and signed request, accompanied by a copy of the identity card, must be sent to SMA Neutra, Rue de Joie 5, 4000 Liège. For any comments or questions, you can contact our Data Protection Officer at protection_donnees@neutrahospi.be. You can also consult our Personal Data Protection Statement on our website www.neutrahospi.be/vie-privee. The Data Protection Authority (APD), Rue de la Presse 35, 1000 Brussels, can be contacted in the event of persistent dissatisfaction.