Dental care reimbursement claim

To be completed by the insured person

(*) I, the undersigned, the person receiving treatment 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 treatment

Surname*: .....
** Or attach a mutual insurance sticker*

First name*: .....

National ID number*: .....
(if unavailable, enter date of birth)

Street: .....

Number: ..... Box: ..... Postcode: .....

Town: ..... Country: .....

Telephone: .....

Email: .....

IBAN number **(Mandatory field)**: ..... BIC number: .....

Mandatory information

Treatment period (Mandatory field): from ..... / ..... / ..... to ..... / ..... / ..... (Max. 3 months)

To be completed if the claim is the result of an accident

A) Date of accident: .....

B) Is another insurer involved?

☐ Yes (please provide the name of the company): .....

☐ No

In order to facilitate my reimbursement, I authorise SMA Neutra to request details of the invoice reimbursed under compulsory insurance from my mutual insurance company and undertake to send the invoices and/or standard form(s) related to this request. Without this, reimbursement cannot be made.

Certified true and accurate,

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

(*)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 for the purpose of obtaining reimbursement of expenses covered by their dental insurance policy.

The free and informed consent of the patient or their legal representative is essential for SMA Neutra to process this personal data relating to health.

The person receiving treatment, 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 their identity card, must be sent to SMA Neutra, Rue de Joie 5, 4000 Liège. If you have any comments or questions, please contact our Data Protection Officer at protection_donnees@neutrahospi.be or on 04/254.58.91. 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.