

HEALTHCARE INFORMATION SHEETS



INHOUDSTAFEL

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HOW TO USE OUR HEALTHCARE INFORMATION SHEETS

WHAT ARE THESE INFORMATION SHEETS FOR?

As a care worker, you can use the healthcare information sheets to explain the Belgian healthcare system. These information sheets have been made with a focus on Brussels. Limited contact language is required to be able to have a conversation. The information sheets are available in Dutch, French and English.

WHO ARE THE INFORMATION SHEETS FOR?

The information sheets have been created for care workers who support functionally illiterate individuals. Hand over the information sheets to the person you are supporting once the conversation is over. Enter specific information such as a telephone number or address.



HOW CAN I COMMUNICATE EFFECTIVELY WITH FUNCTIONALLY ILLITERATE INDIVIDUALS?

Tips:

- Always enter into a conversation, do not simply hand over an information sheet.
- Use short but accurate sentences.
- Use simple words. Do not give too much information and do not use specialist terms.
- Try to convey or explain difficult words with the aid of an example.
- Use the question method: let the person explain what you have told them in their own words. Make corrections wherever necessary.
- Use drawings or notes on the information sheet to clarify points. Write specific information on it, such as a name, address or telephone number. Hand over the information sheet after the conversation.
- Leave time at the end of the conversation for the person to ask any questions.
- Ask whether there is anyone who can help them at home with reading the information.
- For those who are interested in improving their language skills, refer them to Brusselleer or Huis van het Nederlands. For those who would like an interpreter, refer them to Foyer vzw.
- If the person brings an interpreter with them, include the interpreter in the conversation. However, be sure to address and look at the person. Ensure that it is not a conversation with the interpreter 'about' the person.

DO YOU WANT MORE INFORMATION?

Do you want an information sheet on a different subject?
Is anything unclear? Do you want to exchange ideas for a moment?

Contact Eerstelijnszone (ELZ) BruZEL.

Lakensestraat 76/7
1000 Brussels
Tel.: 02 412 31 65
E-mail: eerstelijnszone@bruzel.be
Internet: www.huisvoorgezondheid.be

WHAT ELSE DO WE WANT TO TELL YOU?

Prices may change and are indicative only.
Laws may also change. Updates can be requested from BruZEL. These information sheets do not explain everything. Do you or the person you are supporting still have questions? Get in touch.



THE REGULAR GENERAL PRACTITIONER

I'M SICK, WHICH DOCTOR SHOULD I GO TO?

In Belgium, people have a regular GP (general practitioner). You should always go to this doctor first. The GP works in your neighbourhood. Sometimes it's just 1 doctor, sometimes it's 2, 3 or more doctors who operate a group practice.

Your regular GP will have a file about you. This will contain information on when you are sick, which specialists you visit, which medicine you take... This improves the care you receive and is more cost-effective.

The GP is very familiar with the healthcare system and with you. S/he knows the best way for you to receive care. S/he knows when you should go to the hospital and when you shouldn't.

HOW MUCH DOES THE GP COST?

The GP is paid per consultation (the visit). The insurance fund will reimburse you 75% to 90% of these costs. You pay the remaining amount yourself - this is called the patient contribution. The reimbursement is conducted via the so-called Hulpkas or the insurance fund. This is a health insurance institution. Registration with an insurance fund is mandatory in Belgium.

Example:

The doctor charges € 25.

The insurance fund will reimburse € 20. You pay a patient contribution of € 5.

The GP chooses whether s/he works in accordance with the rates stipulated by the insurance fund (an agreed rate). An agreed rate is a fixed rate: you know straight away

how much the insurance fund will reimburse and how much you will pay.

If a doctor does not work according to these agreed rates, you pay a larger patient contribution. The insurance fund will not reimburse the extra patient contribution. Ask the doctor whether s/he works with such agreed rates or look it up yourself at <https://ondpanon.riziv.fgov.be/SilverPages/nl>.

GPs are not given any extra money or gifts.

HOW DO I FIND A REGULAR GP IN BRUSSELS?

Via the website www.doctorbrussels.be or call 02 216 79 44.

I DON'T SPEAK DUTCH OR FRENCH, WHAT NOW?

Ask someone to accompany you who can speak your language and Dutch, French or English: an interpreter.

The interpreter is an adult (18+), not a child. You should trust the interpreter because the information being discussed is personal.

You don't know anyone who can interpret? Contact the Interculturele Bemiddeling (ICB) (Intercultural Communication) service from Foyer vzw via www.foyer.be/news/icb-biedt-zijn-diensten-aan/ or 02 411 74 95.

HOW DO I MAKE AN APPOINTMENT?

- I search for the telephone number of a doctor, preferably one in the neighbourhood that I can reach on foot. I look on www.doctorbrussels.be.
- I call the doctor's surgery and make an appointment.
- I explain my problem.
- The doctor may say the following:
 - Come on this day at this time.
 - Come during consultation hours: that's ...day from ... to ... (you have to wait until the doctor has time.)
 - It's urgent, go to the emergency department (= the hospital where no appointment is necessary).
 - Stay at home, I'm making a house call. (This is predominantly for seriously ill people or people who cannot walk well.)

I'M SICK AND NEED A DOCTOR: I'M NOT REGISTERED WITH A GP, MY REGULAR GP CAN'T SEE ME, OR I HAVE NO ACCESS TO HEALTHCARE IN BELGIUM.

Centrum Athena can provide one-off assistance. They offer daytime medical consultations in the centre of Brussels. No appointment is necessary. They also provide information about the healthcare system in Belgium.

Practical information:

- Monday to Friday: 9 am - 5 pm
- Jos de Brouchovenstraat 2, 1000 Brussels
- 0494 18 90 24
- accueil@athenabrussels.be
- www.athenabrussels.be

WHAT DO I DO WHEN IT'S TIME FOR THE APPOINTMENT?

- I arrive on time.
- I bring:
 - my ID card or another identity document if you do not have an ID card
 - money or a bank card
 - a small barcode sticker from the insurance fund
- I explain how I'm feeling, what aches and pains I have.
- The doctor examines me.
- The doctor tells me what I have to do.
- I pay the doctor for the consultation.
- The doctor provides a medical certificate or note:
 - for the insurance fund: proof that I have paid.
 - for the pharmacy: proof of the prescription of medication.
 - for work or school: a certification of sickness or incapacity to work.

I can trust the doctor. The doctor is not permitted to pass on any information to others.

WHY DO I NEED MY ID CARD?

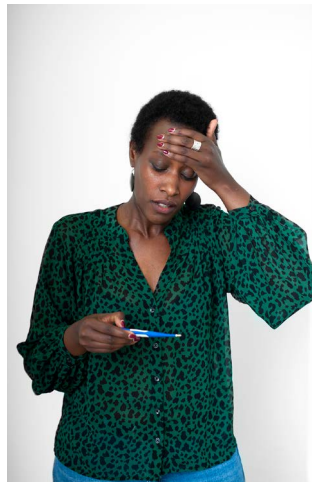
The doctor scans your ID card. S/he sees information on the insurance fund or pharmacist. This makes it easier for them to work together.

I'M SICK DURING THE NIGHT, AT THE WEEKEND OR ON A PUBLIC HOLIDAY. WHAT DO I DO?

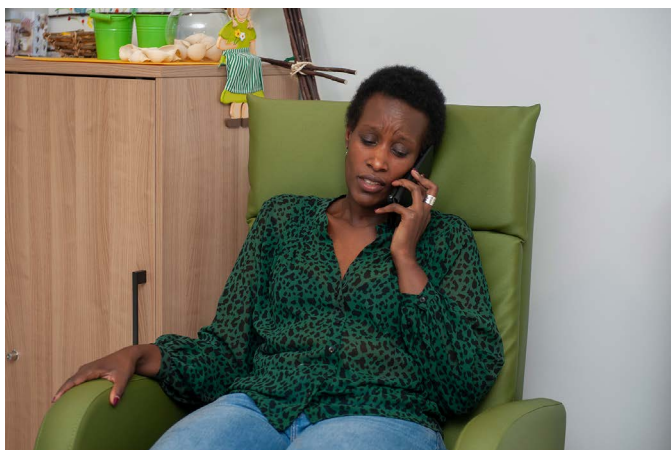
There are GPs who also work nights, weekends and on public holidays. This is the 'on-call service'. (See 'I'm sick out of office hours – on-call service')

I'M SICK, WHAT SHALL I DO?

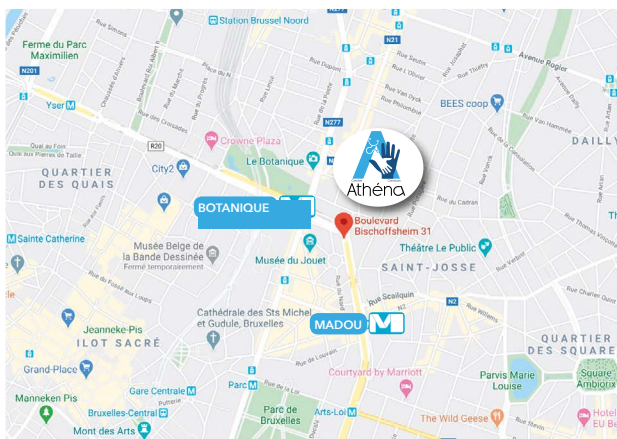
I'm sick or pregnant.



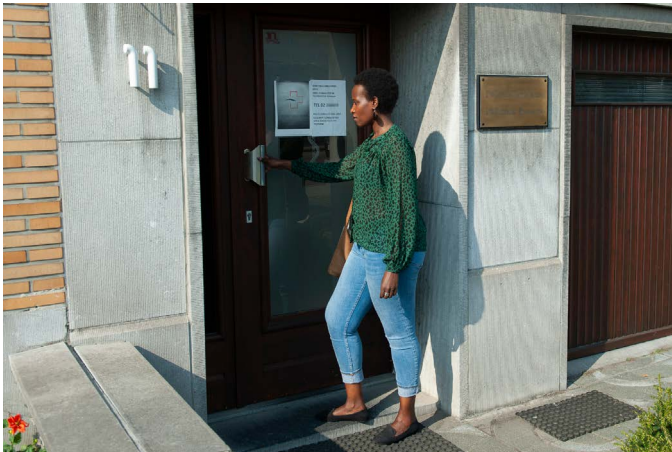
I make an appointment with the GP.



I'm not registered with a GP or I can't get an appointment with my GP.
I have no access to Belgian healthcare.
I contact Centrum Athena for one-off assistance.



In Belgium, people have a regular GP (general practitioner).
The GP works in the neighbourhood.
I go to the GP after having made an appointment.



I bring:

- ID card
- small barcode sticker from the insurance fund
- money or a bank card



MUTUALITEIT	XXX
Familienaam Voornaam	
Straat, nummer	
Postcode Woonplaats	
XX1 XXX	XXXXXX XXX XX



I write down what I want to ask the doctor.



I explain my problems:



The GP examines me and tells me what I have to do.



My GP maintains my Global Medical Record (Globaal Medisch Dossier, GMD). That's the file that contains all my confidential information. It ensures that my GP knows me well.



I pay the GP (not at a local health centre).

**I pay for the consultation, which is between € 20 and € 30.
I get the majority of this back from the insurance fund.**



The GP gives me some documents:



- **Proof that I have paid, for the insurance fund (not at a local health centre)**
- **Proof of prescription for medication, for the pharmacy**
- **A certification of sickness, for work or school**

HIJRN IN VULLEN OF KLEEFBRIEFJE V.I. AANBRENGEN			
Naam en voornaam van de patiënt:			
Verzekeringsinstelling:			
INSZ:			
Adres van de patiënt:			
GETUIGSCHRIFT VOOR VERSTREKTE HULP IN TE VULLEN DOOR DE VERSTREKKER			
Naam en voornaam van de patiënt :			
Raadpleging – Bezoek (1)			
Datum :...../...../..... Nomenclatuurnr. :			
Reiskosten :			
Andere verstrekkingen (2)			
Datum van de verstrekking	Nummer v. d. nomenclatuur	Datum van de verstrekking	Nummer v. d. nomenclatuur
(2)	(2)	(2)	(2)
Voorgeschreven door:			
op datum van:...../...../.....		Naam en voornaam	
RIJZIV-identificatienummer van de voorschrijver:			
Laboratorium of apparaat of dienst			
erkend onder nummer:			
Datum van ontvangst van het voorschrift:/...../.....			
Patiënt is gehospitaliseerd / ambulante (1):			
Nummer van de instelling :			
Dienst:			
(1) Schrappen wat niet past (2) De niet gebruikte vakken doorhalen		K.B. 15.07.2002	
Identificatie van de verstrekker:		EUR	

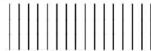
A

Datum :
 Handtekening van de verstrekker

ONTVANGSTBEWIJS

Geïnd voor rekening van KBO nr.:

Ontvangen de som van.....EUR Datum:
Handtekening

 0.00000.00.000	Naam en voornaam van de voorschrijver
DOOR DE VOORSCHRIJVER IN TE VULLEN:	
Naam en voornaam van de rechthebbende:.....	
Voorbehouden aan het verpakkingsvignet	R/
Stempel van de voorschrijver	Datum en handtekening van de voorschrijver
	Einddatum van de uitvoerbaarheid:
<p align="center">GENEESMIDDELENVOORSCHRIFT VAN TOEPASSING VANAF 1 november 2019</p>	

Verklaring van arbeidsonderbreking

Ondergetekende, Dokter in de Geneeskunde, verklaart heden persoonlijk te hebben onderzocht en onderzocht

M,

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en hem (haar) onbekwaam bevonden om:

- ☐ arbeid te verrichten
- ☐ de lessen te volgen
- ☐ aan de turnlessen deel te nemen
- ☐ aan de zwamlessen deel te nemen
- ☐ zware krachtinspanning te leveren
- ☐ te werken wegens noodzakelijke aanwezigheid bij zijn (haar) ziek kind

van tot/met 20 inbegrepen

wegens:

- ☐ ziekte
- ☐ een ongeval hem (haar) overkomen op
- ☐ een heelkundige ingreep
- ☐ verlenging
- ☐ wegens consultatie en/of onderzoek
- ☐ raadpleging
- ☐ zwangerschapsverlof

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Zich buitenhuis begeven:

- ☐ toegestaan
- ☐ verboden

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bahoudens verwillkingen kunnen bezigheden hervat worden

op 20 voor %

op 20 voor 100 %

Datum:
.....

Handtekening



SHARING MEDICAL INFORMATION

WHY DO CARE PROVIDERS KEEP INFORMATION ABOUT ME?

Your dentist, physiotherapist, GP, pharmacist, specialist ... keep your medical information in a file on their computer. This allows them to know you better, meaning they can help you more effectively.

WHY DO THEY SHARE MY INFORMATION WITH EACH OTHER?

Your care providers can provide you with better assistance by working together. They share important information about your health with each other. This means you receive better - and sometimes cheaper - care.

Your medical information is in a safe location on the internet. This is called the electronic patient record.

WHAT INFORMATION DO THEY SHARE?

They share information that is important for your care. A care provider can never view all the information held by all other care providers. Only what is relevant to them. For example, prescriptions from the GP to the pharmacist. The GP can also inform the specialist in the hospital about what medication you already take.

WHY DO THEY WANT MY ID CARD?

A care provider scans your ID card. S/he sees a list of names of your other care providers. They can then share important medical information, such as prescriptions for medication or treatment with the physiotherapist.

Take your ID card if you have an appointment with the doctor, pharmacist, dentist, insurance fund, social worker

... By allowing your ID card to be scanned, you consent to care providers working together and sharing important medical information. This is called a 'treatment relationship'.

A treatment relationship begins when a care provider scans your ID card. A treatment relationship terminates if you tell the care provider that s/he is no longer permitted to view your record. You can also terminate it yourself via www.mijngezondheid.belgie.be. If you are not in contact with the care provider for 15 months, the relationship will be automatically terminated.

Care providers can only view information about other care providers via your ID card. They cannot view any other information, for example from the migration services or the police.

WHERE CAN I FIND MY FILE?

www.mijngezondheid.belgie.be or myhealthviewer.be

DO I THEN PAY LESS?

The regular GP already keeps your medical information on his/her computer. You can ask your GP to create a Global Medical Record (Globaal Medisch Dossier, GMD). You can only request this from your regular GP. It means that you pay a 33.3% smaller patient contribution for consultations with this doctor.

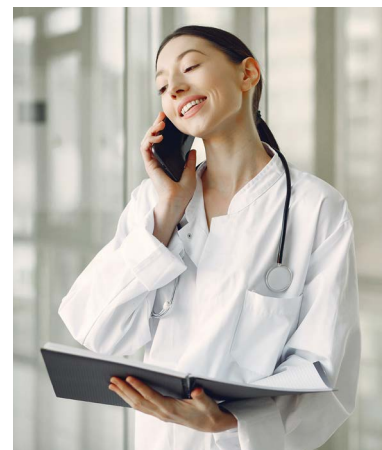
Are you changing GPs? You can ask your previous doctor to forward your Global Medical Record.

I WANT MORE INFORMATION

Make an appointment with the insurance fund or your GP.

HOW DO MY CARE PROVIDERS WORK TOGETHER? GLOBAL MEDICAL RECORD (GMD)

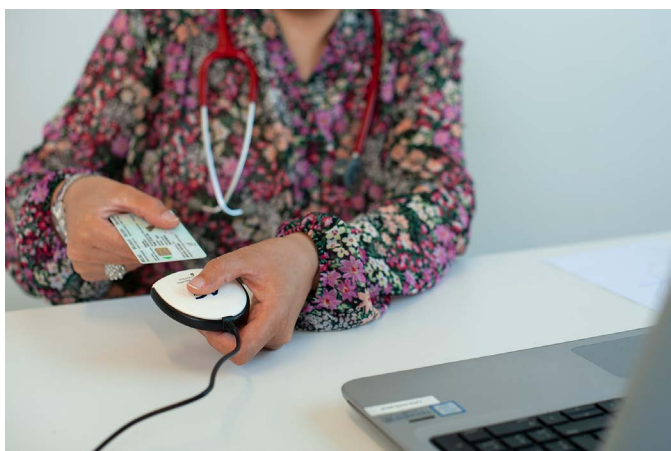
My GP, dentist, specialist, pharmacist ... can provide me with better care if they work together.



If I give my consent, care providers can:

- **see everyone who provides me with a care service.**
- **view important information about my health.**

I give my consent: to do so, I give my ID card to the care provider, who then scans the card and can view the information.



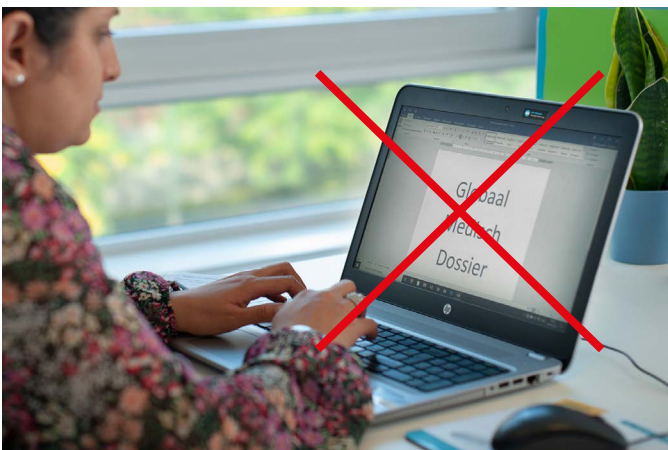
Care providers only see the information that is relevant to them.



I am permitted to view my file, either in full or parts thereof.

I can request this from my GP and s/he will allow me to view it within 2 weeks.

I can also say at any time that a care provider is no longer permitted to view my file.



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THE INSURANCE FUND

WHAT IS AN INSURANCE FUND?

The insurance fund is a health insurance institution. The insurance fund reimburses part of the costs of care. This may be for a visit to the doctor or dentist, medication, aids, hospital costs, ...

The insurance fund reimburses approximately 75% of the costs. For persons entitled to higher reimbursement rates, this increases to 90%.

Please note that this applies to care providers who operate with agreed rates. They use a fixed rate. Ask your care provider if s/he operates with agreed rates. If you consult a care provider that does not use these agreed rates, you pay a higher patient contribution. The insurance fund will not reimburse this patient contribution.

DO I HAVE TO REGISTER WITH AN INSURANCE FUND?

Yes, it is mandatory* for anyone officially living or working in Belgium and who is:

- is older than 25
- is younger than 25 but works or receives unemployment benefits
- a recognised refugee or has subsidiary protection status

Please note: Parents must register their children at birth.

* There are people who work in Belgium but do not register. They are already registered in their own country. There are also people who officially live in Belgium but are not permitted to register, such as those with a so-called 'attest van immatriculatie' (registration certificate) (persons who have not yet received a definitive decision regarding their residence situation).

WHAT DOES AN INSURANCE FUND DO?

The insurance fund reimburses part of the costs of care.

What sort of care?

- visit to the doctor
- visit to the dentist
- purchase of prescribed medication
- hospital costs

What else does the insurance fund do?

- The insurance fund pays the benefit if you are unable to work for a long period of time due to sickness or an accident, during pregnancy or after a birth.
- The insurance fund has a social service. It can provide you with assistance and advice. They check your hospital bill or look to see if you are entitled to higher reimbursement rates or the so-called social third party payment scheme. Ask you insurance fund!

Some fee-based insurance funds offer additional services:

- Extra hospitalisation insurance
- Supplementary insurance for coaching to quit smoking
- Palliative care
- Accommodation in a shelter
- Rehabilitation
- Home nursing and care for elderly people in a care home

WHICH INSURANCE FUNDS ARE AVAILABLE IN BRUSSELS?

- Hulpkas voor Ziekte-en Invaliditeitsverzekering (HZIV)
- Christelijke Mutualiteit (CM)
- Socialistische Mutualiteiten (SM)
- Liberale Mutualiteit (LM)
- Onafhankelijk Ziekenfonds (OZ)
- Neutrale Ziekenfondsen

The insurance funds have one or multiple offices in Brussels that you can visit.

WHAT ARE THE DIFFERENCES?

To join an insurance fund, you have to pay a membership fee.

In return, they provide additional benefits, such as partial reimbursement for:

- sports activities
- youth camps
- speech-language pathology
- glasses
- partial reimbursement for a consultation with a nutritionist or psychologist

Only the Hulpkas voor Ziekte- en Invaliditeitsverzekering (HZIV) does not have a membership fee. However, their reimbursements are lower.

What is best for you depends on your situation. It may be financially more practical to opt for the free-of-charge insurance fund HZIV. However, if you have high healthcare costs, it may make more financial sense to register with a fee-based insurance fund.

You can change insurance funds. Ask your new insurance fund about how to do this.

HOW DO I REGISTER WITH AN INSURANCE FUND?

Call the insurance fund or go to the office to make an appointment. Take your ID card or residence documentation with you.

The insurance fund requires certain information:

- your personal information
- a bank account number to which the money can be transferred

After registering, you will receive envelopes and small barcode stickers. You can use these to request reimbursement.

HOW MUCH DOES IT COST TO JOIN AN INSURANCE FUND?

Check the insurance fund websites or ask a social worker for advice on selecting an insurance fund.

HOE KRIJG IK GELD TERUG?

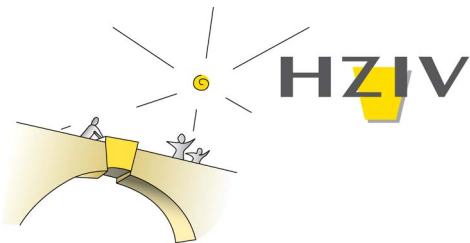
- Stick a barcode sticker on the medical certificate from the doctor
- Put the certificate in an insurance fund envelope. There is no need to affix a stamp.
- Put it in a Bpost postbox or the insurance fund's letterbox. For the Hulpkas (HZIV), you have to submit it at their offices.
- The insurance fund will transfer the money to your account 7 days later.
- Some doctors use electronic medical certificates or e-certificates. In this case, you no longer need to use the small barcode sticker or send the hard copy of the certificate to the insurance fund. You will be reimbursed more quickly.

HOW DOES THE INSURANCE FUND WORK?

In Belgium, I have to have health insurance.

- The Hulpkas (HZIV) will organise mandatory health insurance free of charge.
- I pay an annual membership fee for the insurance funds.

HULPKAS GOVERNMENT
= free



FREE CHOICE
= fee-based



Benefits of health insurance:

The Hulpkas (HZIV) and the insurance fund reimburse part of the costs of care.



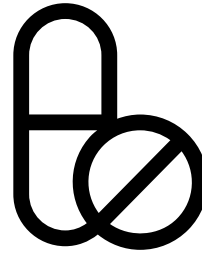
This care may constitute:



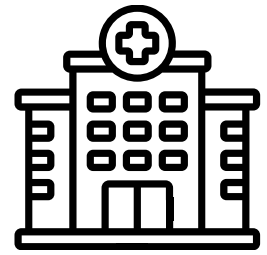
GP consultation



Dental care



Medication



Hospital costs

The Hulpkas and the insurance fund also give advice on:

- **maternity leave + allowance**
- **inability to work due to illness or incapacity + allowance**
- **social advice**



Additional benefits

- **The Hulpkas provides NO additional benefits**
- **An insurance fund has additional benefits.**
Each insurance fund offers different benefits.
I get part of the payment reimbursed

The benefits are:

- glasses, contact lenses
- home nursing
- sports expenses
- holiday camps for children
- transport for people with restricted mobility
- advice from a nutritionist, speech-language pathologist or psychologist
- ...



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HOW DO I JOIN THE INSURANCE FUND?

I decide which insurance fund I want to join.

I make a registration appointment.



I take: ID card or residence documentation.



I provide information, such as my name, address and bank account.



I am registered and receive small barcode stickers and perhaps some envelopes.

MUTUALITEIT



Familienaam Voornaam

Straatnaam nr

Postcode Woonplaats

XX1/XXX

XXXXXX XXX XX

I pay my contributions.

- **With the Hulpkas, health insurance is free.**
- **With an insurance fund, I pay an annual fee.**



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HOW DO I GET PART OF THE CARE REIMBURSED?

I receive a certificate or bill from my care provider.



I stick a barcode sticker on each certificate.



I put the document in an insurance fund envelope.
I don't need to affix a stamp.

I put the document in the insurance fund's letterbox
I can also submit it at their offices (mandatory for the Hulpkas)




The doctor and the insurance fund organise an e-certificate directly.



**The insurance fund transfers the money to my account.
This takes around 7 days.**





AFFORDABILITY OF CARE

WHAT IS THE SOCIAL THIRD PARTY PAYMENT SCHEME?

With this system, you only pay the doctor the patient contribution. The doctor receives the reimbursement directly from the insurance fund (= this is the third party in the situation, alongside the doctor and yourself).

You give the GP a barcode sticker from the insurance fund. The doctor does not give you any proof of payment. So, you don't have to go to the insurance fund for reimbursement.

The doctor is obligated to implement this if you are entitled to a higher reimbursement rate. In other cases, the doctor decides whether s/he wishes to implement the third party payment scheme.

WHAT IS A 'HIGHER RATE OF REIMBURSEMENT'?

It is a form of protection for those with a low income. A higher rate of reimbursement gives you the following benefits:

- You receive 90% of the costs of care reimbursed, rather than 75%.
- You can utilise the so-called social maximum invoice system.
- You can request the social third party payment scheme. This means that you only pay a patient contribution of €1 at the GP.
- You have additional benefits, such as:
 - 50% discount on public transport (train, tram, bus, metro)
 - If you are in a shared room in a hospital, the hospital cannot charge any extras.
 - Some medication is cheaper.

Please note that this is only applicable to care providers that operate with agreed rates: they use fixed rates. If you are entitled to higher reimbursement rates, 90% of the agreed rate will be reimbursed.

Care providers who do not work with agreed rates charge a higher price. The higher reimbursement rate system does not cover this.

AM I ENTITLED TO HIGHER REIMBURSEMENT RATES?

You are entitled to higher reimbursement rates if you have a low income. For example:

- Your family's gross annual income is less than € 19,106 (+ € 3,537 per additional family member).
- You receive a living wage.
- You have a senior citizen's income guarantee.
- You receive compensation for disabled persons.
- You receive child benefits for medical reasons.
- You are an unaccompanied foreign minor and you are registered with an insurance fund.
- You are an orphan (a child with no parents) and you are registered with an insurance fund.

The higher reimbursement system is available for individuals who meet the criteria and their partners and dependants.

HOW CAN I REQUEST A HIGHER RATE OF REIMBURSEMENT?

If you receive welfare benefits, you are automatically entitled to a higher reimbursement rate.

If this is not the case, make an appointment with your insurance fund to see whether you can benefit from the higher reimbursement rate system.

If you are entitled to higher reimbursement rates, it will be printed on the barcode stickers from the insurance fund.

The code: xx1/xxx means that you are entitled to a higher reimbursement rate. You then receive a larger reimbursement from the insurance fund.

WHAT IS THE SOCIAL MAXIMUM INVOICE SYSTEM?

The social maximum invoice (MAF) system ensures that no family has to pay more in medical expenses than a certain maximum amount.

This amount depends on your family's income. The insurance fund re-calculates this amount every year. If you don't earn much, this maximum amount is also much lower. If your family's expenses reach this maximum amount over the course of the year, your insurance fund will fully reimburse the costs that are added later.

WHO IS IT FOR?

For individuals entitled to a higher rate of reimbursement.

HOW CAN I REQUEST IT?

You don't need to do anything. If your request for a higher reimbursement rate is approved, you automatically receive this benefit. The insurance fund will sort it out.

WHAT COSTS ARE INCLUDED IN THE MAXIMUM INVOICE SYSTEM?

It includes:

- patient contributions for consultations with doctors, dentists, physiotherapists, nurses and other care providers
- patient contributions for certain medications
- patient contributions for operations and examinations
- part of hospital costs

Make an appointment with the insurance fund to discuss it.

AFFORDABILITY OF CARE

I make an appointment with the insurance fund.



They will check if I'm entitled to certain financial benefits.

- **Higher reimbursement rates**
- **Social third party payment system**
- **Social maximum invoice system (MAF)**
- **Additional benefits, e.g. discounts on public transport**



Yes? Then you'll receive barcode stickers featuring the code xx1/xxx.


MUTUALITEIT	XXX
Familienaam Voornaam	
Straat, nummer	
Postcode Woonplaats	
XX1 XXX	XXXXXX XXX XX

I go to the GP. I hand over a barcode sticker.

- I pay less.
- I only pay the patient contribution.



The GP receives the rest of the money from the insurance fund or the Hulpkas.



THE 'FLAT-RATE' PAYMENT SYSTEM

WHAT'S THAT?

This system only works in particular centres:

- You pay nothing for a consultation or house visit from the GP, nurse or another care provider from the centre.
- The centre itself receives a fixed monthly rate from the insurance fund for each patient that comes to the centre (= 'flat-rate') and uses this money to pay the care providers who work there.

IN WHICH CENTRES DOES IT WORK LIKE THIS?

Local health centres, some Maison Médicals and Medicine for the People work with this system. Some standard GPs also use it.

You use the system for consultations, visits to a care provider in the centre. This may be a GP, a physiotherapist, a nurse, a nutritionist, a midwife ...

It cannot be used for medication and particular services such as blood testing. However, the social third party payment system can be used for such things (see The flat-rate system - A subscription for my health).

The system also doesn't work with at the dentist, the pharmacy or with hospital specialists.

HOW CAN I REGISTER?

Make an appointment with the local health centre or the doctor's surgery in your neighbourhood to register.

Take your ID card and three barcode stickers with you. You have to have everything in order with the insurance fund and pay your contributions in order to register.

Are you not a member of an insurance fund, but have a red medical card from the OCMW? Take the card with you and ask if you are eligible for medical care?

You will sign a free contract with the centre.

WHAT DO I HAVE TO LOOK OUT FOR?

You always have to go to the centre's care providers. This also applies for home nursing staff. What if you go to another care provider outside of the centre? Then you pay the full price for a consultation. The insurance will not reimburse this.

But what if you have to visit the on-call doctor? Then you pay him/her normally. You can request the money back later at the doctor's surgery.

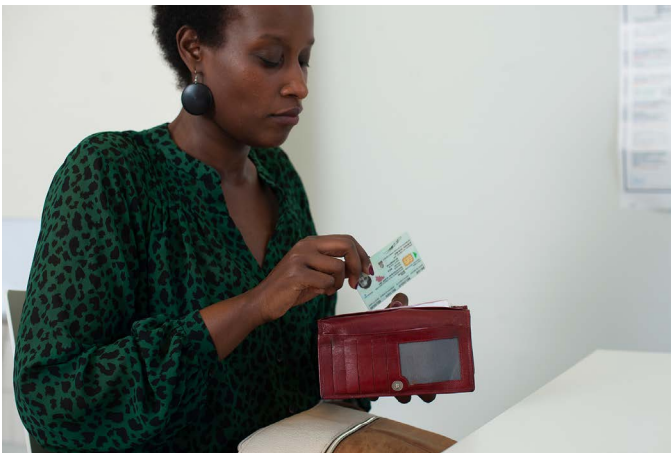
THE FLAT-RATE SYSTEM

A SUBSCRIPTION FOR MY HEALTH

I can receive free-of-charge care at a number of centres.
I call such a practice in my neighbourhood and ask if there is any space.
I make a registration appointment.



I take: my ID card and three barcode stickers.



I sign the contract.



From now on, I don't pay anything to the care providers in the practice. I always go to the care providers in the practice (GP, nurse, sometimes a physiotherapist...); I don't go elsewhere.



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TO THE PHARMACY

WHAT CAN I GO FOR A PHARMACIST FOR?

You can always go to a pharmacy. Do you feel unwell? Do you have a problem? Then you can go to the pharmacy. You don't need to buy anything, the pharmacist can also just give advice.

Has the doctor prescribed you some medication? Then you can buy it at the pharmacy.

HOW CAN I RECOGNISE THE PHARMACY IN MY NEIGHBOURHOOD?

You can recognise a pharmacy by the green illuminated cross. As far as possible, always go to the same pharmacy. The better they know you, the better the advice.

HOW DO I BUY PRESCRIBED MEDICINE?

I go to the pharmacy.

I take: my payment card or cash and the proof of the electronic prescription. The prescription may be in paper or electronic form. You need the barcode. You don't need to take the doctor's note with you - a photo of the barcode or the numbers of the barcode via text message will also suffice.

The pharmacist may ask for your ID card, but I can still go to the pharmacy without an ID card.

The pharmacist sells me the medication.

The pharmacist explains how the medication is to be taken. The pharmacist can create a medication schedule for me or fill my pill box.

WHAT HAPPENS IF I NEED MEDICATION AND THE PHARMACY IS CLOSED?

Search for the on-call pharmacy that is closest to your home. You can find pharmacies in Brussels via the website: upb-avb.be/nl/apotheken-van-wacht. Or call the fee-based number 0903 99 000 (1.50 €/min.)

Please note: calling this number may incur additional costs for you!

WHAT SHOULD I ALWAYS HAVE AT HOME?

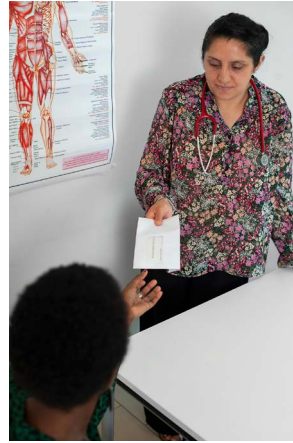
The home pharmacy kit contains medicines and care items that are always good to have at home in case of emergencies. Practical items include:

- painkillers and fever treatment (e.g. paracetamol)
- medical thermometer
- plasters
- disinfectant
- tweezers

Ask the pharmacist for advice.

TO THE PHARMACY

The doctor prescribes medication.



I go to the pharmacy in my neighbourhood.
I see the green cross: a pharmacy!



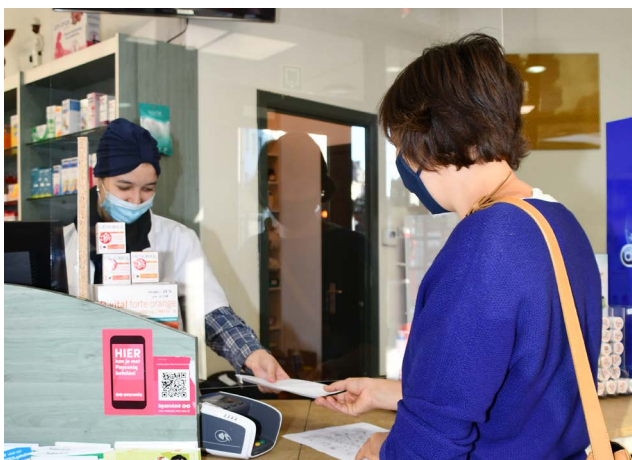
I bring:

- proof of prescription (barcode in paper or electronic form)
- cash or a payment card
- my ID card (not absolutely necessary)

 BEP15220H	
BEWIJS VAN ELEKTRONISCH VOORSCHRIFT	
Gelieve dit document voor te leggen aan uw apotheker om de barcode te scannen en de voorgeschreven geneesmiddelen af te leveren.	
Voorschrijver: [REDACTED]	
RIZIV nr: [REDACTED]	
Rechthebbende: [REDACTED]	
INSZ: [REDACTED]	
Inhoud van het elektronisch voorschrift	
1	R/ BISOPROLOL EG TAB 100 X 5MG S/ 1 x per dag
2	R/ LISINAPRIL SANDOZ TAB 100 X 20 MG S/ 1 x per dag
3	R/ METFORMAX TAB 120 X 850 MG S/ 2 x per dag
4	
5	
Opgelet: Met manuele toevoegingen op dit document zal geen rekening gehouden worden.	
Datum: 16.02.2019	
Einddatum uitvoerbaarheid: 23.03.2019	



The pharmacist sells me the medication.



**The pharmacist explains how to use the medication.
The pharmacist can create a medication schedule for me or fill my pill box.**



**I can always go to the pharmacy if I feel unwell or I have a problem.
Even without a prescription from the doctor.**



It is an evening or a weekend and the pharmacy is closed.
I urgently need medication.



I search for the on-call pharmacy that is closest to my home:

- On the façade of my pharmacy
- upb-avb.be/nl/apotheken-van-wacht
- Fee-based number 0903 99 000 (1.50 €/min.)

The on-call pharmacy is often more expensive!



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URGENT CARE OUTSIDE OF OFFICE HOURS

I'M SICK. IT'S NIGHT-TIME, THE WEEKEND OR A PUBLIC HOLIDAY. WHICH DOCTOR SHOULD I GO TO?

In Brussels, you can reach a doctor 7 days a week. Is your regular GP not working at the moment? You can go to the on-call doctor. You can also possibly call 1733 beforehand and explain your problem.

There are six on-call sites in Brussels. You take: ID card, a barcode sticker, and cash or a bank card.

The on-call sites are open Monday - Friday from 7 pm to midnight. On Saturdays, Sundays and public holidays from 8 am to midnight. <http://www.gbbw.be>.

- J.de Brouhoven de Bergeyckstraat 2
1000 Brussels
- Aeropolis
Haachtsesteenweg 579
1030 Schaarbeek
- Jubelfeestlaan 93
1080 Sint-Jans-Molenbeek
- Linthoutstraat 150
1040 Etterbeek
- Molièrelaan 34
1190 Vorst
- Albert Decosterlaan 3
1070 Anderlecht

WHEN DOES A DOCTOR DO A HOME VISIT?

Are you unable to get to the on-call site? Call 1733. An on-call doctor will come to your home.

Please note: this is more expensive.

HOW MUCH DOES IT COST TO GO TO THE ON-CALL DOCTOR?

The Brussels on-call service works with the third party payment system. So, you only pay the patient contribution.

Please note: a house visit always costs more. A trip to the emergency department costs the most.

I NEED MEDICATION, BUT THE PHARMACY IS CLOSED.

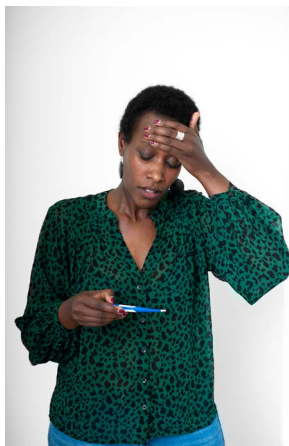
Search for the on-call pharmacy that is closest to your address.

- Go to the pharmacy in your neighbourhood to see which pharmacy is on-call.
- You can also check the website: upb-avb.be/nl/apotheken-van-wacht.
- Or call 0903 99 000 (€1.50/min.).

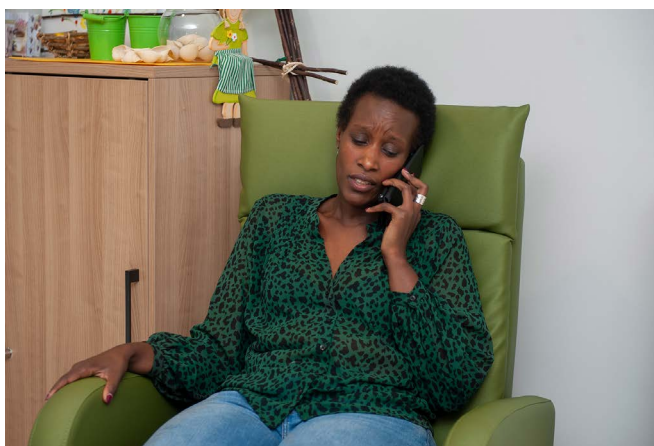
Please note: this number is not free-of-charge, it may incur additional costs.

I'M SICK OUTSIDE OF THE OFFICE HOURS OF THE ON-CALL SERVICE

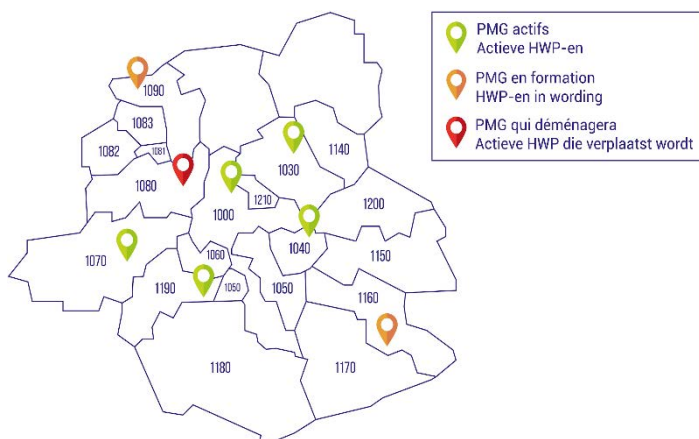
I'm sick and it's night-time, the weekend or a public holiday.



In Brussels, I call 1733 for the on-call doctor.
I briefly explain my problem.



I go to the on-call doctor.
During the week: from 7 pm to midnight. On the weekend: from 8 am to midnight.



I take: ID card, letter from the insurance fund, and money or payment card.



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The Brussels on-call service works with the third party payment system.
I only pay the patient contribution.

I cannot go anywhere. The on-call doctor will come to me.
During the week: from 7 pm to 8.30 am. On the weekend: from Friday evening
to Monday morning.

This is more expensive!



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EMERGENCY DEPARTMENT

WHEN SHOULD I GO TO THE EMERGENCY DEPARTMENT?

If you are seriously ill and need to see a doctor as quickly as possible. For example:

- a serious accident
- a heart attack
- I fall and lose consciousness

Are you unsure? Call your GP.

WHAT DO I GO TO THE EMERGENCY DEPARTMENT FOR?

The emergency department is intended for extremely urgent care that cannot wait. A light fever, mild stomach pain, a small graze ... are not reasons to go to the emergency department. Are you unsure? Call your GP.

What if you go to the emergency department without an urgent reason? Then you pay more and have to wait longer. It is quicker and cheaper to go to the GP or the on-call doctor.

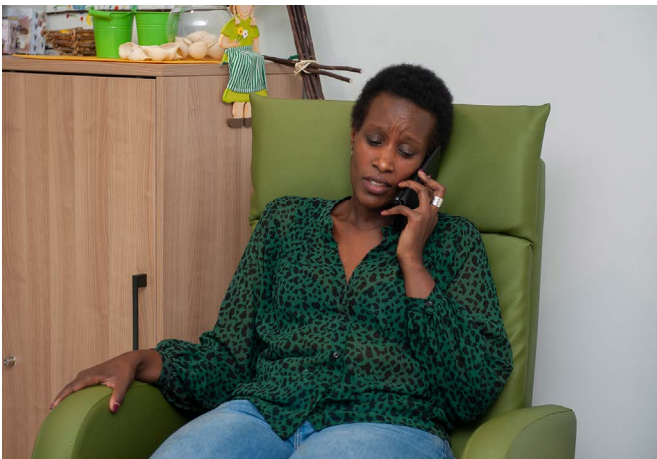
What happens if you go to the emergency department without contacting your GP first? Then you pay around € 20 more.

TO THE EMERGENCY DEPARTMENT

I'm seriously ill or have had a serious accident.
I call 112 or I go to the emergency department.



What if I am unsure about whether I have to go to the emergency department?
I call the GP.



If I simply go straight to the emergency department, I pay € 20 more.

What should I take to the emergency department?

- ID card
- Money or payment card
- Barcode sticker
- (letter of referral from the GP if I have one)



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There is often an interpreter or inter-cultural mediator present at the hospital.
Be sure to ask about this.



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THE DENTIST

I HAVE TOOTHACHE, WHAT SHALL I DO?

You look to see which dentist you can go to. You can find a list of all the dentists in your neighbourhood on the 'sociaal Brussel' website (sociaal.brussels) or the RIZIV ((National Institute for Health and Disability Insurance) website (ondpanon.riziv.fgov.be/SilverPages/nl).

You call the dentist.
The first time you call, you can ask whether:

- the dentist works with agreed flat-rates.
- the dentist uses the third party payment system.

You explain your problem.
The dentist tells you the day and the time you can come for an appointment.

WHAT DO I DO WHEN IT'S TIME FOR THE APPOINTMENT?

You should definitely take the following to the dentist:

- Your ID card or urgent medical care card or ISI+ card.
- Money: cash or your bank card if electric payments are possible at your dentist.
- A letter from the insurance fund (for children).

You explain your problem to the dentist.
The dentist examines your mouth and teeth, and treats your problem.

WHAT DO I DO IF I CAN'T MAKE THE APPOINTMENT?

If you cannot go to your appointment, you should call 24 hours in advance to let them know!

By doing so, you can avoid the risk of being charged for failing to go to the appointment.

WHAT DO I PAY AT THE DENTIST?

You pay for the consultation. The dentist gives you a certificate for the assistance provided - this is proof that s/he provided help and you paid for it.

You get the majority of this back from your insurance fund. To do so, take the certificate to the insurance fund.
With some dentists, this is done electronically. Your dentist sends your certificate directly to your insurance fund.

The dentist decides whether s/he is prepared to work with agreed flat-rates.

- Dentists who have entered fully into a flat-rate agreement always apply these rates.
- Dentists who have only partially entered into such an agreement or those who haven't at all can demand more for treatments, but this is not always the case. Ask in advance!

In the case of dentists who use agreed flat-rates, the insurance fund fully reimburses visits and treatments for minors. If the dentist utilises the third party payment system, you don't pay anything.

If you use a dentist that applies the third party payment system, you only have to pay the patient contribution:

- if you are entitled to higher reimbursement rates,
- or you are officially recognised as suffering from a chronic illness.

The insurance fund will not reimburse certain treatments. First ask your dentist for a quote.

MORE TIPS FOR KEEPING DENTIST COSTS DOWN

Take good care of your teeth: brush twice a day, in the morning and at night. Your teeth will also stay in better condition by eating fewer sweets and avoiding sweetened drinks.

Go to the dentist for a check-up at least once a year - the insurance fund will then reimburse most of the costs.

An annual check-up is not only good for your teeth, it is also more cost-effective.

DO YOU HAVE AN URGENT PROBLEM WITH YOUR TEETH IN THE EVENING OR ON THE WEEKEND?

On the weekend and public holidays the on-call service for dentists is only available for emergency cases or if you have had an accident with your teeth (dental trauma).

Call the on-call service on 02 426 10 26.

- Weekends, public holidays, bridge days: from 9 am to 5 pm
- During the week: from 7 pm to 11 pm

The on-call service will give you the number of an on-call dentist.

You call the on-call dentist and s/he will tell you when you can come or if you should go to the emergency department.

WHAT DO I TAKE TO THE ON-CALL DENTIST?

- My ID card
- List of medication

TIPS IN THE EVENT OF TRAUMA OR INJURY

(See: gezondmond.be/wp-content/uploads/traumakaart_nieuw.pdf)

- Your tooth has moved or is broken: go to the dentist on the same day.
- Your tooth has fallen out: every minute counts! Put the tooth back or keep it in a small bowl of milk (don't dry it off!). Go immediately to the nearest dentist.

I'M GOING TO THE DENTIST

I have toothache.

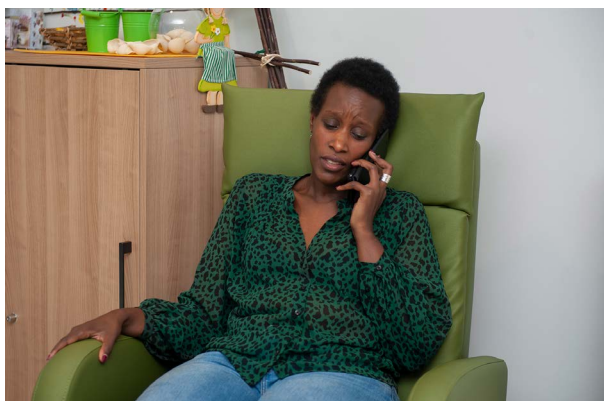


I look to see which dentist I can go to in Brussels:

- Sociaal Brussel (sociaal.brussels)
- the RIZIV (National Institute for Health and Disability Insurance) (ondpanon.riziv.fgov.be/SilverPages/nl)

I call to make an appointment with a dentist. I ask whether the dentist:

- works with agreed flat-rates,
- uses the third party payment scheme.



I bring:

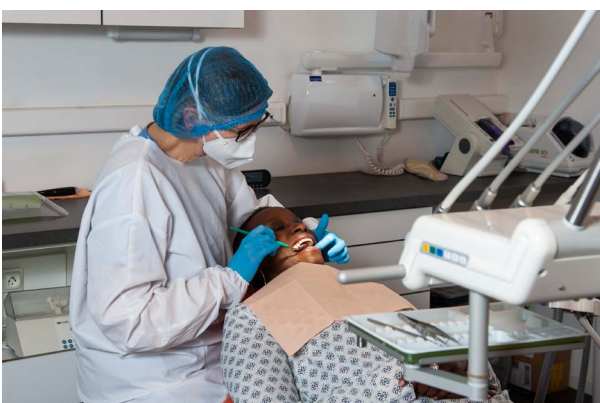
- ID card
- money (cash or a bank card)



I explain my problem.



The dentist examines my teeth and treats the problem.



I pay for the consultation.

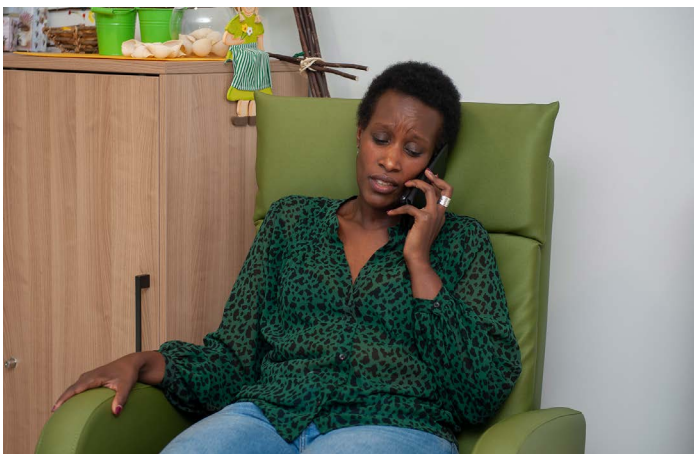


Toothache in the evening, on the weekend or a public holiday? An accident resulting in dental trauma?

I call the on-call service for dentists: 02 426 10 26.

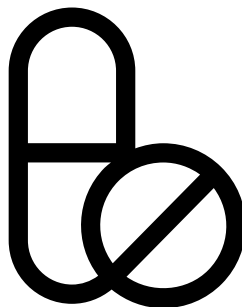
- **During the week: from 7 pm to 11 pm**
- **On the weekend: from 9 am to 5 pm.**

**The on-call service will give me the number of the on-call dentist.
This dentist tells me when I can come, or that I have to go to the emergency department.**



What do I take to the on-call dentist?

- ID card
- List of medication



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THE SPECIALIST

I'M SICK, WHICH DOCTOR SHOULD I GO TO?

Always call your regular GP first. S/he knows you better than anyone. S/he may be able to start an initial treatment.

You normally have to wait a long time for an appointment with a specialist. It is quicker to go to the GP.

The regular GP will sometimes send you to a doctor at the hospital. (This doctor is called a specialist.) For example, for an examination or advice from the specialist.

HOW DO I MAKE AN APPOINTMENT WITH THE SPECIALIST?

The regular GP will write a note for the specialist. This is called a letter of referral. S/he gives me a telephone number for making an appointment.

I call the hospital and make an appointment with the specialist. I request an interpreter if necessary.

I take my ID card, barcode sticker, money or payment card, and the letter from the GP.

When I get to the hospital, I register at the reception desk.

I tell them the name of my regular GP. I explain if I have a contract with a local healthcare centre.

I go to the waiting room of the relevant service. I hand over the letter of referral to the specialist. The specialist examines me. S/he receives the result a few days later. The specialist sends it to the GP. The specialist tells me what I have to do. I may have to go back to the specialist or the GP.

I pay for the consultation at reception. I go home.

A few days later, I call the GP for the results. The GP keeps the results in my file. S/he tells me what I have to do.

I DON'T SPEAK GOOD DUTCH OR FRENCH, WHAT NOW?

Try to take an interpreter with you. This should be an adult and someone you trust. Is no-one able to come? Request an interpreter when you make an appointment. Most hospitals have an interpreting service. This is called the Interculturele Bemiddeling (ICB) (Inter-cultural Communication) service.

Is someone else making the appointment for you? Ask this person to request an interpreter.

HOW MUCH DO I PAY FOR THE DOCTOR AT THE HOSPITAL?

Every hospital or specialist has their own way of organising payment. Some specialists use the third party payment system.

Ask for more information from the social service at the hospital or your insurance fund.

You sometimes pay less for the specialist if you have a letter of referral from your GP. The insurance fund can give you more information about this.

Please note: Do you have to stay in hospital for a few days? A private room is more expensive than a room with several people. The insurance will not pay the difference.

Please note: Are you unable to make the appointment? Then inform the doctor. Some doctors may charge you if you fail to inform them accordingly. You will have to pay this charge the next time you go to the doctor.

WHY IS THE ASSISTANT ATTENDING TO ME AND NOT THE DOCTOR HIM/HERSELF?

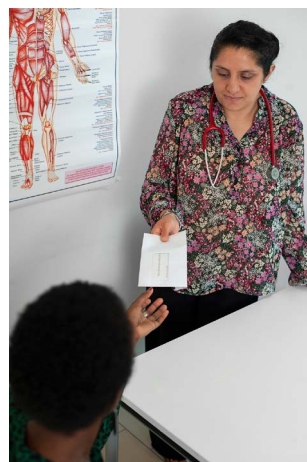
The doctor is often the head of the department. S/he can give certain tasks to the assistant, who then performs these tasks under the supervision of the doctor. Do you want to speak to the doctor him/herself? You will have to wait longer and sometimes pay more.

I'M GOING TO A DOCTOR AT THE HOSPITAL

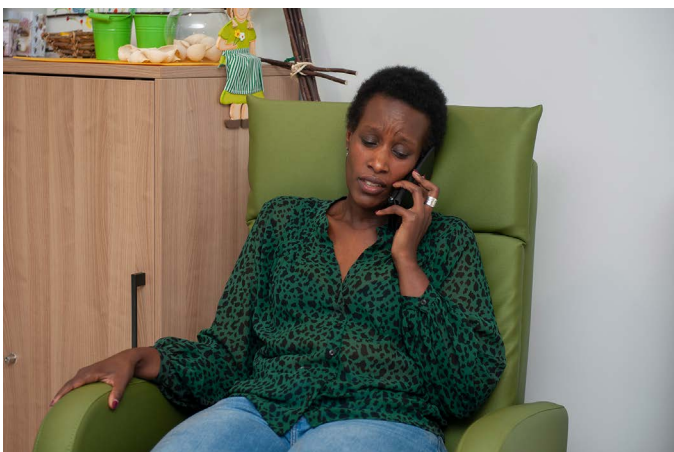
I'm sick. The GP refers me to the specialist.



The GP will write a note for the specialist.



I call the hospital and make an appointment.
I request an interpreter if I need one.



I bring:

- ID card
- cash or a payment card
- barcode sticker
- letter from the GP



I go to the hospital and check in.

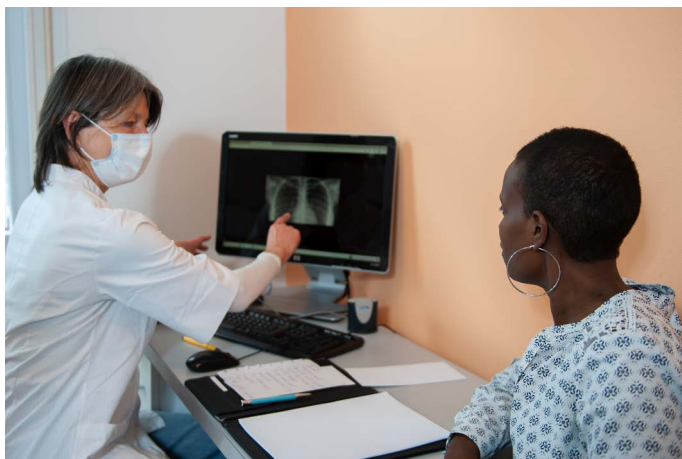
- I tell them the name of my regular GP.
- I tell them if I am registered with a flat-rate practice.



I go to the waiting room of the relevant service.



**I hand over the letter to the specialist.
The specialist examines me.
The specialist tells me what I have to do.**



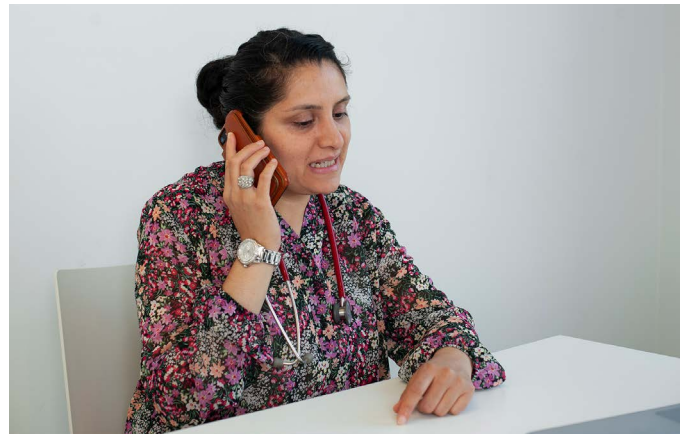
The specialist writes a letter for the GP and sends it.



I go to reception and pay for the consultation.



**I call my GP in a few days for the results.
The GP tells me what I have to do.**



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THE PERSON OF TRUST/ REPRESENTATIVE

WHAT IS A PERSON OF TRUST?

My person of trust helps me with information related to my health. The person of trust helps me:

- when I receive information about my health.
- if I would rather not receive information from my care provider myself.
- if I want to know something about my health record.
- if I want to make a complaint.

I choose someone that I trust. This person agrees to be my person of trust. I write the name of my person of trust in a document so the care providers know.

This document is available on the FOD Volksgezondheid website: www.health.belgium.be/nl/formulier-aanwijzing-vertrouwenspersoon.

I ask each care provider to add the name and contact details of my person of trust to my file.

WHY SELECT A PERSON OF TRUST?

Do you not want to make decisions about your care alone? Do you want care providers to not only give you information, but always consult another person, too? Then choose a person of trust to help you.

WHAT IS A REPRESENTATIVE?

If I am no longer in a position to make decisions about my health/medical condition myself, a representative can make these decisions on my behalf. I can choose my representative beforehand.

I choose someone that I trust. This person agrees to be my representative. I enter this information in a document. This is so care providers know who my representative is if something happens to me ...

This document is available on the FOD Volksgezondheid website: www.health.belgium.be/nl/formulier-aanwijzing-vertegenwoordiger.

I ask each care provider to add the name and contact details of my representative to my file.

WHY DO I NEED A REPRESENTATIVE?

If something serious happens to you and you are no longer able to make decisions yourself, someone else will decide.

If you have designated a representative, this person will decide for you. If you have not specified anyone to represent you, the following persons will decide about your condition (in this order):

1. co-habiting spouse or legally / actually co-habiting partner
2. child over the age of 18
3. parent
4. brother/sister over the age of 18
5. care provider

MY PERSON OF TRUST / REPRESENTATIVE

Person of trust: someone I choose to help and support with my care and health.

Representative: some I choose to make decisions about my health if I am no longer able to.

- I choose someone that I completely trust.
- I ask this person to be my person of trust or representative.
- This person agrees. Together, we enter this in a document.



I ask my doctor and my pharmacist to enter the name and details of my person of trust or representative in my file.



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URGENT MEDICAL ASSISTANCE FOR PERSONS WITHOUT LEGAL RESIDENCE

WHAT IS URGENT MEDICAL ASSISTANCE (DRINGENDE MEDISCHE HULP OR DMH) FOR PERSONS WITHOUT LEGAL RESIDENCE?

Urgent Medical Assistance (DMH) is a support system provided by the Belgian government for persons without legal residence. It ensures that even those without legal residence still receive medical care.

CAN I REQUEST THIS ASSISTANCE?

- I do not have any residence documents, legal residence in Belgium.
- I cannot afford the care. Or I do not have enough money remaining after covering the costs of care.

WHERE CAN I REQUEST ASSISTANCE?

At the OCMW in the community where you live / are staying. The OCMW is a public centre for social welfare.

I have to explain my situation and show documents concerning my residence status. For example:

- an expired visa,
- a residence document that is no longer valid,
- an order to leave the country.

The OCMW has a duty of confidentiality. They will not forward any information I give them to any other services.

WHAT IF I REQUIRE URGENT CARE?

Go immediately to the emergency department at the hospital, explain your situation and ask if they can contact the OCMW for you.

IS URGENT MEDICAL ASSISTANCE (DMH) ONLY FOR EXTREMELY URGENT MEDICAL CARE?

No, we say 'urgent', but this assistance is much broader than the assistance provided by the 112 service or hospital emergency services.

Different types of care can be considered Urgent Medical Assistance. For example:

- a consultation with a doctor or dentist
- medication
- a blood test
- an operation
- ...

This assistance may be provided in or outside a hospital.

Urgent Medical Assistance can also be preventative (= help to prevent medical issues). For example:

- vaccinations,
- follow-up on a pregnancy
- ...

WHO DECIDES WHETHER THE CARE TO BE PROVIDED IS URGENT MEDICAL ASSISTANCE?

The doctor decides. The doctor completes a 'Urgent Medical Assistance' certificate. This certificate is essential proof to ensure that the government pays for the medical treatment. The doctor or OCMW keeps the certificate.

WHO PAYS FOR THE MEDICAL TREATMENT?

The OCMW or the Hulpkas (= HZIV free-of-charge insurance fund).

DOES A REQUEST FOR URGENT MEDICAL ASSISTANCE HAVE NEGATIVE CONSEQUENCES?

Social workers have a duty of confidentiality. The information in the medical certificates is confidential.

The police and the immigration authority do not receive any information about the Urgent Medical Assistance procedure.

CONTACT THE ORGANISATION MEDIMMIGRANT FOR ASSISTANCE.

- Gaucheretstraat 164, 1030 Brussel
info@medimmigrant.be www.medimmigrant.be
- Contact Medimmigrant during telephone contact hours on 02 274 14 33 or 0800 14 960 (free of charge)
 - Monday: from 10 am to 1 pm
 - Tuesday: from 2 pm to 6 pm
 - Thursday: from 10 am to 1 pm
 - Friday: from 10 am to 1 pm

I DO NOT HAVE LEGAL RESIDENCE IN BELGIUM

I do not have legal residence in Belgium.

I go to the OCMW where I live and request urgent medical assistance.

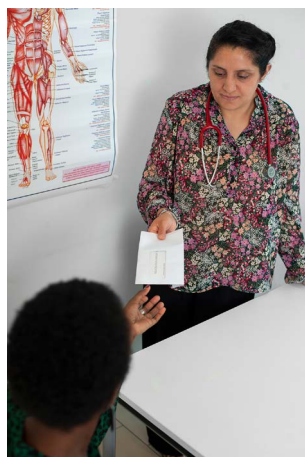
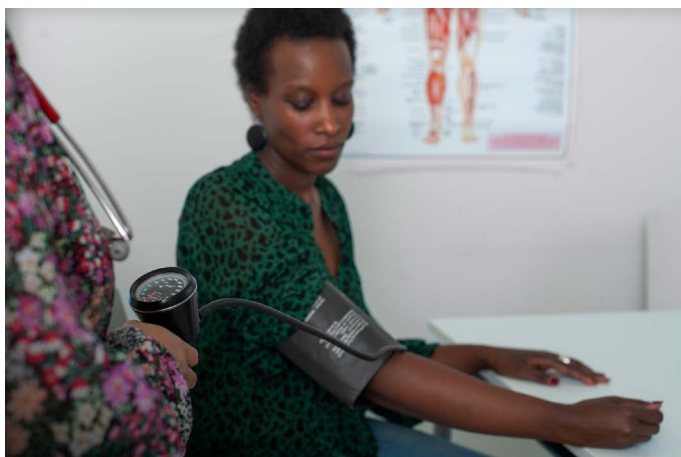


The OCMW performs an examination.

The OCMW sends me to a GP.



The GP examines me.



The GP gives me a certificate for urgent medical assistance for the OCMW.

ATTEST VAN 'DRINGENDE MEDISCHE HULP' TE VERSTREKKEN AAN EEN VREEMDELING ZONDER WETTIG VERBLIJF
Aan de voorzitter van het OCMW van..... (gemeente van de feitelijke verblijfplaats van de zorgvrager)
Betreft: Dringende medische hulp¹ te verstrekken aan een vreemdeling zonder wettig verblijf
Geachte voorzitter,
Hierbij vraag ik een tenlasteneming aan het OCMW voor:
één/meerdere consultatie(s) (aantal en/of duur).....
volgend(e) onderzoek(en)
een behandeling bij
ziekenhuisopname.....
medicatie.....
andere.....
voor Dhr./Mevr. (naam + voornaam):.....
geboren op:..... met volgende nationaliteit:.....
zonder domicilie, maar feitelijk verblijvend op volgend adres:.....
.....
alleenstaande, gehuwd met, weduwe van, gescheiden of feitelijk gescheiden van.....
huidige beroepsactiviteiten: nee / ja, welke:.....
ziekenfonds of andere verzekering: nee / ja, welk:.....
Volgens mijn eerste informatie zal bovengenoemde patiënt niet in de mogelijkheid zijn om de kosten te betalen. Tevens verklaart mijn patiënt illegaal in België te verblijven.
Ik vraag u vriendelijk mijn patiënt een tenlasteneming ² (medische kaart/requisitoir) te geven voor de medische hulp, ten uitvoering van het art. 57, §2 van de organieke OCMW-Wet van 8 juli 1976 en het Koninklijk Besluit van 12 december 1996 betreffende de dringende medische hulp verstrekt aan vreemdelingen die onwettig in het Rijk verblijven.
Hierbij hoop ik op een spoedige en positieve beslissing.
Met de meeste hoogachting,
Naam + handtekening:.....
Adres:.....
Datum:
<small>¹ Het K.B. van 12 december 1996 bepaalt dat de 'Dringende medische hulp' aan vreemdelingen zonder wettig verblijf zowel van preventieve als van curatieve aard kan zijn. Deze medische hulp kan zowel ambulair als in een verpleeginstelling verstrekt worden. ² Het OCMW krijgt de kosten voor gezondheidsprestaties, geïntegreerd als 'dringende medische hulp' terugbetaald door het Ministerie van Volksgezondheid tegen de prijs die als basis dient voor de terugbetaling door het RZV. Deze prijs is de totale prijs in functie waarvan het RZV de terugbetaling en het rengeld bepaalt en die wordt opgenomen in de nomenclatuur. Dit geldt ook zo voor de medicatie, verstrekt door een apotheker.</small>

The OCMW decides if I am entitled to urgent medical assistance or not.



.....

.....

.....

.....

.....

.....

.....

TIPS TO LIMIT MY HEALTHCARE EXPENSES

- Insurance fund
- Regular GP
- Local health centre
- Global Medical Record (Globaal Medisch Dossier, GMD)
- Third party payment system
- Higher reimbursement rate system
- Social maximum invoice system (MAF)
- Generic medicines
- I take good care of my teeth
- I go to the dentist at last once a year
- Agreed flat-rate system
- Public Centre for Social Welfare (OCMW)

GLOSSARY

Insurance fund

The insurance fund is a health insurance institution. The insurance fund reimburses approximately 75% to 90% of the costs of care. This may be for a visit to the doctor or dentist, medication, aids, hospital costs, etc. The Hulpkas is free-of-charge and there are various fee-based insurance funds for which you pay a membership fee. In Belgium, it is required by law to register with an insurance fund.

Local healthcare centre (Wijkgezondheidscentrum, WGC)

A WGC is a multi-disciplinary group practice where various care providers, such as GPs, physiotherapists, nurses and social workers, work together under one roof. A WGC takes care of your health and the health of the local community. All residents living in the operating area of a WGC can register.

Flat-rate payment system

A WGC works according to the 'flat-rate payment system'. The health insurance pays the WGC a fixed amount per month, per patient. Patients who have a contract with the WGC pay nothing for a consultation or house visit from the GP, nurse or another care provider from the centre.

Patient contribution

The patient contribution is the amount you pay yourself for your visit to the doctor, i.e. the share that is not reimbursed by the insurance fund.

Agreed rate system

To protect patients from excessive medical bills, the insurance funds enter into agreements on rates with care providers. As a care provider, you can accept and operate according to official rates, meaning you apply the agreed rate system. Care providers are not obligated to do so, and some do to a partial extent or not at all. Always ask the care provider if s/he operates with agreed rates.

Generic medicines

A generic medicine is a medicine that contains the same active ingredient or ingredients as the branded medicine that was originally marketed. The quality is exactly the same, but it is much less expensive. It can only be made when the original medicine has been around for 20 years; it is a kind of white product: very good but not expensive.

Global Medical Record (Globaal Medisch Dossier, GMD)

A file that your regular GP keeps on his/her computer containing all your medical information. The record can be shared with other care providers. This allows them to share information that is important for your care and therefore provide you with a better service. Another advantage is that you pay 30% less of the patient contribution that have to pay for consultations and home visits from the GP.

Higher reimbursement rate system

It is a form of protection for those with a low income. A higher rate of reimbursement gives

you the following benefits:

- You receive 90% of the costs of care reimbursed, rather than 75%.
- You can utilise the so-called maximum social invoice system.
- You can request the social third party payment scheme. This means that you only pay a patient contribution at the GP.

Third party payment system

A system that means you only pay the patient contribution at the doctor. The doctor receives the reimbursement directly from the insurance fund (= this is the third party in the situation, alongside the doctor and yourself).

Social maximum invoice system (MAF)

The maximum social invoice (MAF) system ensures that no family has to pay more in medical expenses than a certain maximum amount.

The amount depends on your family income and is re-calculated every year. If you don't earn much, this maximum amount is also much lower. If your family's expenses reach this maximum amount over the course of the year, your insurance fund will fully reimburse the costs that are added later.

Person of trust

My person of trust helps me with information related to my health. Do you not want to make decisions about your care alone? Do you want care providers to not only give you information, but always consult another person, too? Then choose a person of trust to help you.

Representative

If I am no longer in a position to make decisions myself about my health and/or medical condition, a representative can make these decisions on my behalf.

Urgent Medical Assistance (Dringende Medische Hulp - DMH)

Urgent Medical Assistance (DMH) is a support system provided by the Belgian government for persons without legal residence. It ensures that even those without legal residence still receive medical care.

Useful links and websites

- sociaal.brussels
- www.doctorbrussels.be
- ondpanon.riziv.fgov.be/SilverPages/nl
- www.gbbw.be
- www.athenabrussels.be
- upb-avb.be/nl/apotheken-van-wacht
- www.mijngezondheid.belgie.be
- myhealthviewer.be/#/login
- www.health.belgium.be/nl/formulier-aanwijzing-vertegenwoordiger
- www.health.belgium.be/nl/formulier-aanwijzing-vertrouwenspersoon
- gezondemonde.be/wp-content/uploads/traumakaart_nieuw.pdf
- www.medimmigrant.be
- www.foyer.be/interculturele-bemiddeling

THANKS

THE HEALTHCARE INFORMATION SHEETS WERE CREATED BY:

- UPV-AVB
- VVT
- BON
- Hubbie
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- Medimmigrant
- GBBW
- VVT
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- Brusselleer
- Huis voor Gezondheid
- BruZEL

PHOTOGRAPHY AND MODELS

- Photography: Christine Laureys
- Models: Winnie Claes, Zakia Zaka, Diane Van Cleynenbreugel, Christine Verfaillie, Jolijn Monstrey

SUBSIDIES

Thank you to the Flemish Community Commission.

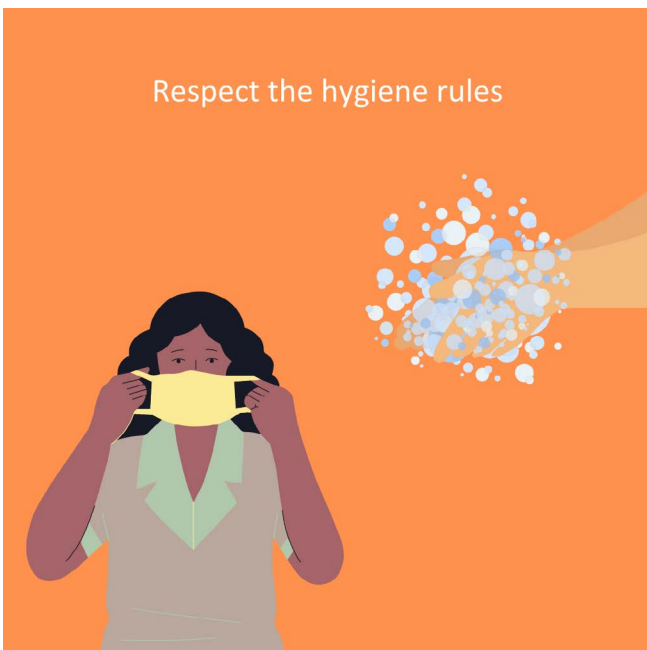
THE 6 GOLDEN RULES AGAINST COVID-19

6 GOLDEN RULES AGAINST COVID-19

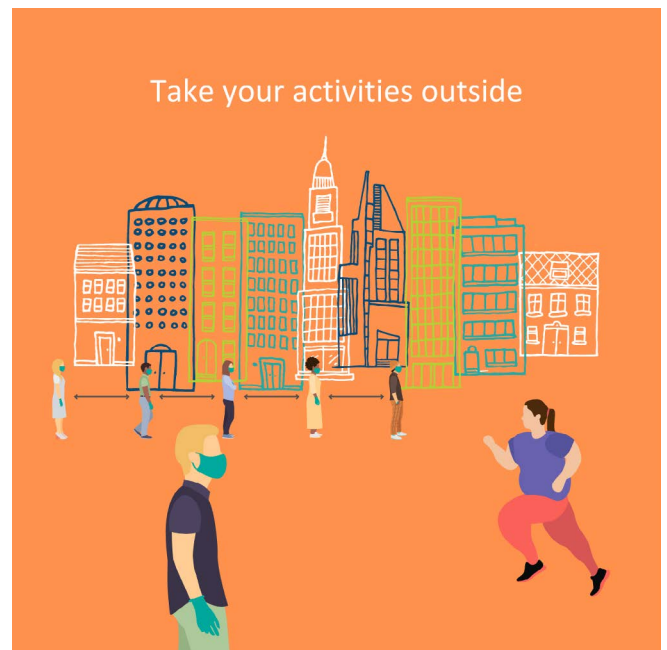
1. Respect the hygiene rules
2. Take your activities outside
3. Think about vulnerable people
4. Keep your distance (1,5m)
5. Limit your close contacts
6. Follow the rules on gatherings



Respect the hygiene rules



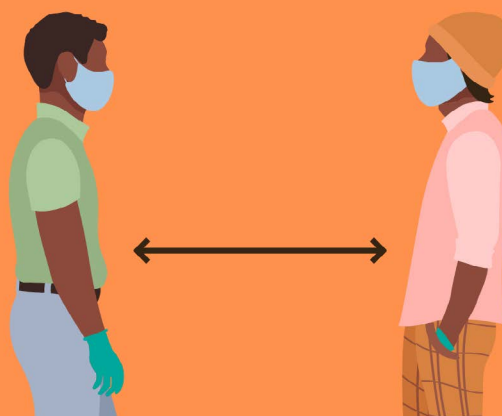
Take your activities outside



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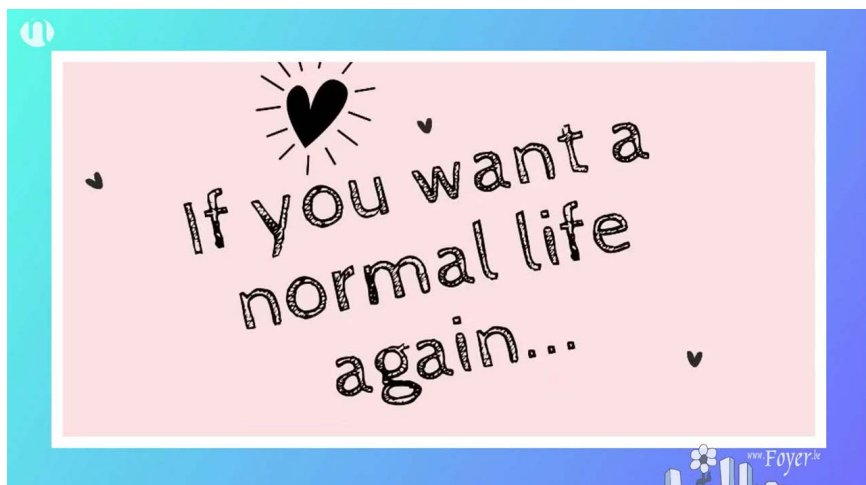
GET VACCINATED

**We're fighting Corona together.
Get vaccinated.**



Watch the video by Foyer vzw:

<https://www.foyer.be/wp-content/uploads/2021/03/Engels.mp4>



**Want to know more?
coronavirus.brussels**



When will I get a vaccine?

2021

01

January:

- ✓ residents and staff of residential care centres.
- ✓ healthcare personnel (doctors, nurses, etc.) from hospitals.

02

February:

- ✓ primary care staff (general practitioners, pharmacists, etc.)
- ✓ collective healthcare facilities (disabled care, ...) and other hospital staff

03

March:

- ✓ 65 years or older
- ✓ people at higher risk due to their health

04

April:

- ✓ people with essential functions

06

As of June:

- ✓ anyone over 18 years of age

This timing may still change. To check the most recent timing, check www.info-coronavirus.be

How do I know when I will receive a vaccine?

- You will receive an invitation by letter, text and/or email. You do not need to do anything to get the invitation.
- You can register digitally or by phone.
- In some cities, you can pick the date of your vaccination yourself. Other cities propose two dates. You are not available? Then you can choose another time.



Where can I get vaccinated?

In a vaccination center.

How much does a vaccine cost?

It is free.

More information?

www.info-coronavirus.be/
www.laatjevaccineren.be
www.covid.avig.be/fr/vaccination
www.coronavirus.brussels/vaccination-menu/

Vertaling uit het Nederlands | Version en français
www.info-coronavirus.be/translation

V.U.: Regieringscommissariaat Corona / Commissariat Corona du Gouvernement - Victor Hortaplein 40 | B-1060 Sint-Gilles / Place Victor-Horta 40 | B-1060 Saint-Gilles

Engels - anglais

Get vaccinated!

.be

How does a vaccine work?

- The vaccine causes your body to make antibodies.
- Those antibodies help to fight the virus.
- If you are then exposed to the virus, the antibodies will protect you.

Why should you get vaccinated?

- The coronavirus can be dangerous to yourself and many people around you:
 - ✓ those over 65
 - ✓ people with lung, heart or vascular disease
 - ✓ people with diabetes or high blood pressure

But the virus can also be dangerous for young, healthy people.

- If more than 70% of all people in Belgium are vaccinated, the virus will spread less quickly. This is called group immunity.
- Your life will get back to normal faster.
- It makes your body stronger against the virus.

How do I get the vaccine?

- There are different types of vaccines.
- For one vaccine, you will only get one shot in your upper arm. After your injection, you have to wait at least 14 days. After that, the vaccine will protect you as much as possible against the coronavirus.
- For the other vaccine, you will first receive one shot and after some weeks a second shot. After your second shot, you will need to wait at least 14 days to get proper protection.

Is the vaccine safe?

- There is a lot of expertise with making vaccines. Scientists and pharmaceutical experts around the world were able to create the vaccine in a short period of time. There was also money and time to do this quickly because it was urgent. A lot of people have been vaccinated in the meantime.
- The vaccine has been checked carefully by the official scientific bodies. It is safe.

When can I not get vaccinated?

In principle, every adult can be vaccinated. Even if you are breastfeeding or pregnant, you can get the vaccine. Do you have any questions? Ask your family doctor in advance.

There are a few exceptions:

- Did you ever have an immediate or severe allergic reaction after a previous vaccination? Or did you need urgent medical care after taking medication? In that case, contact your GP in advance.
- You have symptoms of an infection (such as a fever of more than 38°). Only make an appointment to get vaccinated when you have fully recovered.
- You had a positive corona test and you did not become ill in the following 14 days? Then you can make an appointment.
- You have had a corona test that was positive and you are ill: contact your GP. You can only get vaccinated 14 days after you have recovered.

Can I develop problems after the vaccination?

You may develop

- some redness, pain or swelling in your upper arm
- fatigue
- headache
- a little higher temperature

This is normal and not a big deal. You can take paracetamol for this. As an adult, take 1 to 2 pills (500 mg to 1000 mg) every 4 to 6 hours, as needed. You can take a maximum of 3 grams per day. Do you have doubts or do you have persistent symptoms? It is best to contact your GP.

Do continue to observe the rules until enough people have been vaccinated. Keep 1.5 meters distance, wear a face mask and wash your hands often.



