

[Logo insurance company]

Annex 6

To be completed by your doctor and your mutual health-insurance provider

MEDICAL EXPENSES CERTIFICATE

Reference/Claim file no.:
Date of accident:
Place of accident:
First name and last name of patient:

Date(s)	INAMI/RIZIV code	Amount paid	Amount paid by mutual health-insurance provider

Signature + stamp of doctor	Stamp of mutual health-insurance provider

This Medical Expenses Certificate **must be completed for each consultation.**

If consultations are with the same doctor, several visits may be listed on a single document. If consultations are with different doctors, each doctor must complete a separate document. You are therefore advised to take photocopies of a blank certificate.

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