

GOING TO HOSPITAL

You have just been admitted to hospital as an emergency or for a scheduled operation and you are wondering what you have to do or how much you will have to pay ? Here is a short description of what you have to do to be properly covered.

ON ARRIVAL

– Documents to submit

You have to submit:

- your (updated) carte Vitale, and
- your additional medical insurance card (if you have an additional medical cover), or
- your certificate of entitlement to the Couverture Maladie Universelle (attestation de droits à la Couverture Maladie Universelle)

If you do not have those documents, you have to submit:

- your last wage slip or
- your last unemployment benefits statement or
- your certificate of entitlement to a retirement or disability pension or
- the European Social Security card (1) or an E111 form.

If you cannot produce those documents, the admission office may be able, under certain conditions, to issue a certificate of emergency award of medical cover under the basic CMU programme or under the State Medical Aid programme.

Some medical insurance companies pay the hospital directly. Therefore, if you have additional medical cover, you may be exempted from the advance payment of your medical expenses.

– Useful medical records

Any medical records related to your health condition that you may be able to produce will be useful to the medical team.

Therefore, remember to bring:

- your health book (carnet de santé)
- any letters from your GP
- results of laboratory tests, Xrays...

INFORMING YOUR SICKNESS FUND

– While in hospital

Upon arrival, you will be issued with a **hospital admission certificate (bulletin d'hospitalisation)**

You have to send this certificate within 48 hours to your sickness fund and, if you are a wage-earner, to your employer or, if you are a jobseeker, to your local ANPE.

This hospital admission certificate serves as a sick leave certificate and will enable you to be paid daily allowances (indemnités journalières*) by your sickness fund.

– On discharge from hospital

You will be issued with a **discharge certificate (bon de sortie)**.

This certificate must be sent to your sickness fund.

Hospital admission of children: children under 15 are admitted in the pediatric ward. Parents are generally allowed to take their meals with their child, to sleep in his room or in a facility specially designed for the accommodation of parents.

HOSPITAL CHARGES

Charges covered by Social Security (up to Social Security reimbursement basis)	Charges not covered by Social Security
<ul style="list-style-type: none"> - Public hospital or licensed private hospital: 80% of charges are paid directly by Social Security. - Unlicensed private hospital: you have to pay for all charges. Part of them are refunded by Social Security afterwards. - Transport: 65% of the cost of transport to a hospital located in your département may be refunded. 	<ul style="list-style-type: none"> - Out of pocket expenses* (ticket modérateur): 20% of hospital charges, including the hospital daily fee* (forfait journalier). - Any extra services for personal convenience. - Extra fees charged by some care providers. - Out of pocket expenses* (ticket modérateur): 35% of the cost of transport.

If you have additional medical cover, your insurance company may cover part or all of the charges not covered by Social Security.

➤ **Special cases**

In case of major surgery procedures, hospital stay exceeding 30 days, permanent diseases* (affections de longue durée), occupational injury, occupational illness, pregnancy, as well as for people covered by CMU...: 100% of hospital charges may be covered up to Social Security reimbursement basis. Ask your sickness fund for further information.

MEDICAL CARE RELATED TO YOUR HOSPITAL STAY

Any medical care received before or after admission to hospital and related to the medical condition involved is refunded on the same basis as usual (70% or 60%).

➤ **Special cases**

Such medical care is fully covered up to Social Security reimbursement basis if:

- you are a pensioner or
- you are entitled to full medical cover because of a permanent disease (affection de longue durée*).

GLOSSARY

(1) If you are a national of the European Union or of the European Economic Area (Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Irish Republic, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and the United Kingdom).

Permanent diseases (affections de longue durée): severe or chronic illnesses for which Social Security covers 100% of medical expenses.

Daily hospital fee (forfait journalier): the minimum amount that any inpatient has to pay for any hospital stay exceeding 24 hours. It helps covering accommodation expenses.

Daily allowances (indemnités journalières): benefits paid to offset wage loss during a sickness leave, a maternity leave, a paternity leave or an occupational injury or disease leave.