***Formulaire Informed concent regarding the billing of supplements for heavy medical imaging (MRI) services provided to non-hospitalised patients***

I hereby confirm my informed consent to perform the following procedure:

*Performing an MR examination with the charging of a fee supplement. This examination is scheduled on weekends, public holidays or weekdays between 6pm and 8am.*

The undersigned hereby declares the following:

* that I was offered the opportunity to undergo the same examination during the time interval from 8 a.m. to 6 p.m. on a weekday, without being charged a fee supplement. However, I distinctly prefer the currently agreed time slot.
* that the amount of the supplement was clearly communicated to me, as listed below.
* that I am informed that this supplement will not be reimbursed by my health insurance fund.

|  |  |
| --- | --- |
| **Name & first name** | **Signature & date:** |

|  |  |
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| **Examination** | **Supplement** |
| MR examination of the brain, limb | 54,98 € |
| MR examination of neck, thorax, abdomen | 54,80 € |
| MR examination of the spine | 6,05 € |
| MR angio examination, heart, breasts | 54,80 € |
| MR examination of the joint | 52,69 € |