Gastric sleeve self-payer

azdelta

Uw ziekenhuis.

Dear patient,

A gastric sleeve is a major event. We have discussed the advantages and disadvantages of the operation with you as well as the possible complications. Additional information on the procedure can be found at www.azdelta.be and at www.obesitascentrumwestvlaanderen.be.
If you have any questions, please do not hesitate to contact your attending physician.

You are not eligible for compensation from the health insurance fund. This folder provides information about payment for the operation and the admission. Do you have any questions about this after reading this leaflet? Then you can contact the invoicing department by email at factuur@azdelta.be or call +32 (0)51 237 666 (every working day from 8 a.m. to 12 p.m. and from 1 p.m. to 5 p.m.).

We wish you a good recovery.

The AZ Delta obesity team

REQUIRED CONSENT BY THE PATIENT

The **gastric sleeve** operation will be carried out by

Dr ..... on ..... / ..... / 20.....

on campus: Rumbeke/Menen/Torhout

You confirm that you have been informed that in your case no reimbursement is provided by the health insurance fund, neither for the operation, nor for the hospitalisation. Consequently, you expressly agree to bear the costs of **4,990 euros**.

As agreed with your attending physician, you will transfer the amount of 4,990 euros to account BE02 4675 3867 5140 (BIC: KREDBEBB) from AZ Delta at least 14 calendar days prior to your admission to the hospital, with notification: gastric sleeve - zelfbetaler - *first name and surname - operation date*.

Declaration of the patient
First name and surname + signature + 'read and approved'

drawn up in ..... on ...../...../ 20.....

Contact

Obesity Coordinator
Bert Verbeke
+32 (0)51 237 406
obesitascentrum@azdelta.be

AZ DELTA ROESELARE
Surgery Secretary's Office
+32 (0)51 237 109
secr.chirurgie.rumbeke@azdelta.be
Endocrinology Secretary's Office
+32 (0)51 237 430
secr.endocrino@azdelta.be
Dietitian Kristel Beheyt
+32 (0)51 237 546
kristel.beheyt@azdelta.be
Dietitian Ann Dejager
+32 (0)51 237 545
ann.dejager@azdelta.be
Psychologist Maaike Stevens
+32 (0)51 238 182
maaike.stevens@azdelta.be
Physiotherapy Secretary's Office
+32 (0)51 236 145
secr.fysio@azdelta.be

AZ DELTA MENEN
Surgery Secretary's Office
+32 (0)56 522 243
secr.chirurgie.menen@azdelta.be
Endocrinology Secretary's Office
+32 (0)56 522 243
secr.endocrino@azdelta.be
Dietitian Marianne Casteele
+32 (0)56 522 288
marianne.casteele@azdelta.be
Dietitian Aline Lamblin
+32 (0)56 522 289
aline.lamblin@azdelta.be
Psychologist Amber Mullie
+32 (0)51 23 80 05
amber.mullie@azdelta.be
Physiotherapy Secretary's Office
+32 (0)56 522 685
secr.fysio.menen@azdelta.be

AZ DELTA TORHOUT
Surgery Secretary's Office
+32 (0)50 232 424
secr.chirurgie.torhout@azdelta.be
Endocrinology Secretary's Office
+32 (0)50 232 401
secr.inwendige.torhout@azdelta.be
Dietitian Rita Wauman
+32 (0)50 232 739
rita.wauman@azdelta.be
Dietitian Lies Petyt
+32 (0)50 23 27 33
lies.petyt@azdelta.be
Psychologist Jasmijn De Bouvere
+32 (0)50 232 329
jasmijn.debouvere@azdelta.be
Physiotherapy Secretary's Office
+32 (0)50 232 492
secr.fysio.torhout@azdelta.be

Surgeons

Dr Isabelle Debergh
Dr Hans De Loof
Dr Bart Smet
Dr Philip Vanden Borre

www.obesitascentrumwestvlaanderen.be

AZ Delta Deltalaan 1, 8800 Roeselare **t** 051 23 71 11 **e** info@azdelta.be **w** www.azdelta.be
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