



Registration for private patients

Dear patient, dear patient.

You are hereby registering for treatment in the practice as a private patient.

Surname of the insured First name Date of birth

Co-insured first name Date of birth

ZIP City Street Phone/Fax

profession employer

The patient hereby agrees that the invoices can also be issued by a medical clearing house. Within the framework of this billing, the provisions of data protection (§4 Para.2 Federal Data Protection Act) and medical confidentiality (§203 Para.1 No.6 StGB) apply. An exception to this is the possibility of passing on the findings to colleagues treating you. Billing is based on the currently valid scale of fees for doctors (GOÄ). The increase in the fee rate is based on the difficulty and time required and can exceed the scope of Section 5 (1) of the GOÄ in individual cases. Medical services that are not included in the GOÄ but are provided are recognized according to § 6 Para. (2) analogously and regardless of their reimbursement by aid agencies/private health insurance companies. Missed appointments or appointments not canceled in good time (48 hours before the appointment at the latest) will be charged with a processing fee of €120. With the signature, the consent to this billing method is given and the correctness of the given data is confirmed.

It is expressly pointed out to the patient that not all medical services at the time may be covered by private health insurance companies or subsidies.

I have been informed about the type of treatment and the associated costs as well as the fact that my health insurance company may not cover the medical service or treatment. However, after sufficient time to think about it, I would like to have the therapy as a private service (private patient), regardless of whether the health insurance company can reimburse the treatment costs.

However, the patient expressly agrees to these treatment methods in this practice as part of the therapy plan.

Date, signature