

Dear patient,

by signing this agreement you enter into a contract between you and the doctors office at Holzhausenpark.

The following terms and conditions apply to this contract:

The private medical liquidation is carried out according to the guidelines of the Medical fee schedule for doctors (GOÄ) in the current version and the recommendations of the German Medical Association. As a rule up to 2.3 times the rate for medical services could be charged and under justified conditions also up to 3.5 times the rate. According to §4 GOÄ, if services are provided by third parties (pathology, laboratory, etc.), they will be invoiced separately. Any deviating aid regulations or insurance tariffs will not be applicable.

Please note that the costs may not be reimbursed in full or at all by your medical insurance company and/or competent state aid office.

With your signature, you confirm that you will pay the full cost of the treatment yourself, even if the insurance provider(s) do not reimburse the invoice amount or only partially reimburse you. This also applies to analogous codes that are not or only insufficiently covered by the GOÄ. The fee is due upon invoicing. You undertake, irrespective of the reimbursement of the invoice amounts by your health insurance company and/or the authority responsible for your allowance, to settle the fee claims arising from the treatment yourself and immediately after the invoice has been issued.

At the same time, you confirm that you have understood the contents of this contract and that any open questions have been issued.

I hereby bindingly agree to receive private medical treatment.

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Place, Date

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Email address

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Phone number

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Name, First name

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Date of Birth

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Address

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Signature