



Ambulantes Gesundheitszentrum der Charité GmbH

**Contract for Outpatient Treatment
(Self-pay/Private patients)**

between

Ambulantes Gesundheitszentrum der Charité GmbH

and

Mr/ Ms

I request treatment from Ambulantes Gesundheitszentrum der Charité GmbH outpatient clinics.

The Ambulante Gesundheitszentren der Charité undertake to provide all necessary and appropriate care and treatment.

The contracting partner undertakes as a **self-pay or private patient** to pay the costs of the treatment at the applicable rates in accordance with the medical fee schedule (Gebührenordnung für Ärzte (GOÄ)), whereby the GOÄ threshold values shall be applied in full, insofar **as no basic rate private health insurance has been confirmed prior to treatment commencing**, considering with the current recommendations by the Bundesärztekammer and the current legal position. Furthermore the contracting partner is informed about the fact that the health insurance can reject the allowance of the invoice amount all or part. Resulting reductions the invoiced amount by the cost bearer the contractual partner is not entitle itself to pay only the shortened amount (due to the medical bill: BGH, 21.12.2006 - ZR117/06 III). The insured person is allowed to enforce a claim to the health insurance by the arbitration or court by unwarranted reductions of the invoices from the cost bearer. An assignment of the claim or the refund claim is hereby excluded.

The GOÄ fee schedule is available for inspection at the Ambulante Gesundheitszentrum der Charité.

The Ambulante Gesundheitszentren der Charité reserve the right to demand an advance payment from self payers. If the self-payer is not a resident of Germany, an appropriate advance payment shall be required. The advance payment is a fixed amount and shall be deducted from the final bill.

In the event of payment default the statutory provisions of the German Civil Code shall apply.

Ambulante Gesundheitszentren der Charité collect, store, process and communicate personal data. The Charité strictly adheres to legal provisions during all phases of data processing. In the scope of this law, patients have a right to access their stored data.

The signatory acknowledges and accepts the house rules of Charité - Universitätsmedizin Berlin, available for inspection.

The signatory agrees to the forwarding of personal data, diagnoses and administered treatment to an external private medical billing company, which shall solely use this data for billing purposes. This data shall be deleted upon payment.

Date

Signature Ambulantes Gesundheitszentrum der Charité

Signature Patient / Guardian

Please complete the reverse side



Ambulantes Gesundheitszentrum der Charité GmbH

REGISTRATION FOR SELF-PAY/PRIVATE PATIENTS

Patient

Surname First name Date of birth

Payer / Invoice recipient

Surname First name Date of birth

Profession Work telephone number

Street Private telephone number

Postcode Town

Employer (with address)

Health insurer / payer

Private insurance tariff

- Base rate Classic rate

Ot
he
r

General practitioner / Referring doctor

Date Signature

Surname, Name: _____

Date of Birth: _____

Datenübermittlung Pilot/Fluglotse/Flugbegleiter/

1. Pilot EASA Class 1/2 (LBA – Germany)

I agree that my personal data including medical, application form, examination and eye doctor report will be transferred to the LBA.

Yes

No

2. Pilot EASA Class 1/2 (other aviation authorities)

I agree that my personal data including medical, application form, examination and eye doctor report will be transferred to the aviation authority by email. I do know that this is not a secure system and the results may be read by someone else.

Yes

No

3. Pilot FAA Class 1/2/3 (Übertragung in die USA)

I agree that my personal data including medical, application form, examination and eye doctor report will be transferred through a web-based system to the FAA - United States of America.

Yes

No

5. Examination Reports

I request that Dr. Bender will send me my examination reports by email. I do know that this is not a secure system and the results may be read by someone else.

Yes

No

Signature: _____