

Treatment Contract

Name: _____

Address: _____

Birthdate: _____

Dear Mr. / Mrs. _____,

We generate your bill in accordance with the valid scale of fees for German physicians (GOÄ).

Naturally we have no influence on whether your insurance provider denies the necessity of your treatment or accepts the costs.

With your signature so you accept the following:

1. I wish private medical treatment by the Hausärztliche Gemeinschaftspraxis Querum for me or my minor child.
2. I understand that my insurance provider may possibly not reimburse the total invoice amount, even if it has been generated correctly in accordance with the valid scale of fees for German physicians.
3. I commit myself to pay the total invoiced amount, regardless of the refund amount by my private insurance provider.

The obligation of the physician to bill medical necessary services according to the regulations of the scaled fees for German physicians (GOÄ) remains unaffected.

The possibility of having access to the paragraphs 1-12 of scale of fees for German physicians (GOÄ) existed.

Medical services, which are rendered by third parties (e.g. external laboratory) will be invoiced directly by these.

Date: _____

Signature: _____