

## Contract for Private Medical Treatment

between

the Medical Care Unit (MVZ) Ärztehaus Mitte,  
In den Ministergärten 1, 10117 Berlin, Germany

and

First name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

if applicable, name and address of legal representative: \_\_\_\_\_

Patient's health insurance company: \_\_\_\_\_  
Check as applicable:  Entitled to allowance for civil servants  
 Basic tariff  
 Supplementary insurance: \_\_\_\_\_

Other information: \_\_\_\_\_

### I. Treatment

The MVZ Ärztehaus Mitte undertakes to provide medical treatment for the patient. The treatment must be provided in accordance with the generally recognised professional standards applicable at the time of treatment, unless otherwise agreed.

### II. Remuneration

The parties agree that the medical services specified in this agreement shall be provided under private medical care. These services shall be invoiced pursuant to the German Medical Fee Schedule (GOÄ).

The patient – and the undersigned legal representative(s) where applicable – undertakes to fully pay all treatments costs invoiced in accordance with the GOÄ or a separate fee agreement, including any contractual services provided by third-parties required for the treatment – irrespective of whether or not a third-party payer shall wholly or partially reimburse the invoice amount to the patient.

The patient shall be free to discuss with third-party payers before commencement of the treatment whether or not the treatment costs shall be met. Upon request, the MVZ Ärztehaus Mitte shall provide the patient with an estimate for this purpose.

The patient may only offset undisputed or legally established counterclaims against the invoice of the MVZ Ärztehaus Mitte.

### **III. Cancellation Fee**

The patient undertakes to keep all appointments and to give at least 24 hours notice should he/she be unable to attend. Should the patient fail to give notice and the appointment cannot be allocated to another patient, the patient – and the undersigned legal representative(s) where applicable - owes the MVZ Ärztehaus Mitte a cancellation fee of 100.00 €/hour, unless the failure to appear was through no fault of the patient.

### **IV. Data Processing**

The patient is aware that data pertaining to his/her person, social status and details required for his/her treatment, i.e. personal data requiring special protection within the meaning of section 3 (9) of the German Federal Data Protection Act shall be collected, stored, modified, used, processed and – where required in the course of the treatment or prescribed by authorities or law – transmitted to third parties while complying with data protection provisions. Such data shall be stored by the MVZ Ärztehaus at least for the duration of the statutory obligation to preserve business records. The patient gives his/her consent to all of this.

The patient may revoke this consent to the collection, storage, modification, use, processing and transmission of his/her data at any time with effect for the future. This shall not affect any data collected and used prior to that time or statutory obligations to preserve business records.

### **V. Notes for Patients Covered by Statutory Health Insurance Schemes**

Patients covered by a statutory health insurance scheme are hereby advised that upon presentation of their health insurance card they shall be entitled to receive treatment under the terms and conditions of statutory health insurance. Nevertheless, the patient confirms with his signature that he wishes to be treated privately on the basis of a contract for private medical treatment. He also confirms that he was informed about the possibility of a reimbursement of costs pursuant to section 13 of the German Social Security Code (SGB) V, in particular that he must notify the health insurance company before receiving treatment.

The patient confirms with his/her signature that he/she received a copy of this agreement before commencement of treatment.

Berlin, \_\_\_\_\_

\_\_\_\_\_  
Medical doctor authorised to represent MVZ Ärztehaus Mitte

\_\_\_\_\_  
Patient (if applicable, representative)