

## Private medical treatment contract

between

dem MVZ Ärztehaus Mitte,  
In den Ministergärten 1, 10117 Berlin

and

First name:  
Last Name:  
Date of birth:  
Address:

If applicable, name and address of the legal representative:

Health insurance of the patient: \_\_\_\_\_

Please mark with a cross where applicable:

- [        ] Eligibility for assistance  
[        ] Basic rate (proof must be provided)  
[        ] Supplementary insurance:

additional information: \_\_\_\_\_

### I. Treatment

The MVZ Ärztehaus Mitte undertakes towards the patient to provide medical treatment. The treatment must be carried out according to the generally recognized professional standards existing at the time of treatment, unless otherwise agreed. The doctor makes the diagnosis, which is not to be changed by the patient.

### II. Compensation

The parties agree that the medical services specified in this agreement shall be performed on a private medical basis. Liquidation of these services shall be in accordance with the German Fee Schedule for Physicians (GOÄ).

The patient - as well as the undersigned legal representative(s) - undertakes to pay in full the treatment costs invoiced according to the GOÄ or according to a separate fee agreement, including treatment-related commissioned services of other service providers - regardless of whether and when a third party payer reimburses the patient for the invoiced amount in full or in part.

The patient is free to clarify the assumption of treatment costs with third party payers prior to the start of treatment. Upon request, the MVZ Ärztehaus Mitte will provide the patient with a cost estimate for this purpose.

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

## **Ila. Compensation**

We would like to point out that the reimbursement of medical treatment is calculated with the following factors according to the currently valid statutory fee schedule for physicians or for sections A, E and O from 2.3 times the rate, outpatient treatment from 1.8 times the rate and section M from 1.15 times the rate.

If this results in a difference to your concluded insurance tariff, this must be borne by you. Foreign fees are to be paid by the patient, these will be invoiced again if necessary.

## **III. Cancellation fee**

The patient undertakes to keep the agreed appointments and, if he is unable to attend, to cancel them at least 24 hours in advance. If the patient fails to do so and the appointment cannot be given to another patient at short notice, the patient - as well as the undersigned legal representative(s) - will owe the MVZ Ärztehaus Mitte a cancellation fee of € 100.00, unless the non-appearance is not due to the patient's fault, which must be proven.

## **IV. Data processing**

The patient is aware that personal data, social status and data required for treatment, i.e. personal data requiring special protection within the meaning of Section 3 (9) of the German Federal Data Protection Act (Bundesdatenschutzgesetz), will be collected, stored, modified, used, processed and - if required for treatment or specified by the authorities or by law - transmitted to third parties by the MVZ Ärztehaus Mitte in compliance with data protection regulations. The data will be stored at the MVZ Ärztehaus at least for the duration of statutory retention obligations. The patient hereby declares his overall agreement.

He can revoke his consent to the collection, storage, modification, use, processing and transfer of his data at any time with effect for the future. Previously collected and used data remain unaffected by this, as do statutory retention obligations.

## **V. Notes for patients with statutory health insurance**

The patient is informed that if he/she is a member of a statutory health insurance, he/she has the right to be treated according to the conditions of the statutory health insurance upon presentation of the health insurance card. With his signature, he confirms that he nevertheless wishes to be treated privately on the basis of a private treatment contract in accordance with the GOÄ and that he has been informed about the possibility of reimbursement in accordance with § 13 SGB V, in particular that he must inform the health insurance company before making use of the service.

With his/her signature, the patient confirms that he/she was given a copy of this agreement before the start of treatment.

Berlin, the

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Authorized representative physician MVZ Ärztehaus Mitte

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Patient (representative, if applicable)