

**Treatment Contract for Private Patients
between Practice Dr. med. Bernhard Hofer & Associates**

and

First name	Name	Date of birth
<hr/>		
Postcode, city	Street, no.	
<hr/>		
Phone	Mobile	
<hr/>		
Health insurance		

- ☐ State benefits („Beihilfeberechtigung“)
- ☐ Post Office Civil Servants' Health Insurance („Postbeamten B“)
- ☐ KVB I-III
- ☐ Standard plan §5b GOÄ
- ☐ Basic plan § 13, SGB V

I wish to be examined and treated as a private patient.

All treatment methods are charged on the basis of the official fee regulations (GOÄ of 01.01.96I), taking into account the current recommendations for analogue evaluation by the German Medical Association (Bundesärztekammer) and the current legal situation.

The multiplier for the individual services is **between 1.0 and 3.5 times the base rate**, depending on the difficulty and the effort required.

If, in individual cases, a higher factor is appropriate due to a particularly complex procedure, we will conclude a separate agreement on fees with you in accordance with § 2 GOÄ on the exception to the assessment limits of the fees in accordance with § 5 GOÄ and inform you that exceeding the fee limits may result in significant expenses.

As there is currently no GOÄ position for many new treatments or procedures that differ significantly from the listed position, they are charged by analogous assessment in accordance with Section 6, Paragraph 2 of the GOÄ. Experience has shown that the reimbursement of the resulting fee claim by private health insurers and/or allowance offices is not always guaranteed.

According to § 4 Section 2 of the GOÄ, the doctor may charge for all independent medical services that he has provided himself or has had provided as delegable services by non-medical or medical employees who are subject to his supervision and professional instruction. The medical specialists Dr. Schuster and Dr. Bärthel are employees of the practice in this sense.

The invoice according to § 12 GOÄ is due for payment upon invoicing, irrespective of the amount and the time of reimbursement by your health insurance/subsidy office.

I agree that I will pay the full cost of treatment myself. I am also informed that the health insurance/benefit office may refuse to reimburse the invoice amount in full or in part.

I have received all the information about the probable costs of treatment necessary for my decision, as far as requested, and I have an overview of the economic consequences of my decision (§ 630c Para. 3 Sentence 1 BGB).

Reductions of the invoice amount by the health insurance do not entitle me to pay only the reduced amount (BGH ruling of 21.12.2006 - III ZR 117/06). I am informed that in the event of unjustified reductions by the PKV, I can enforce my claim against the health insurance company through arbitration or legal action. I hereby exclude any assignment of my reimbursement claim against my private health insurer in the amount of the total fee claim or partial amounts.

In addition, I confirm that I will pay in full all costs invoiced by other service providers, e.g. laboratory doctor, pathologist, for commissioned services within the scope of my treatment.

Useful tips:

- Check your insurance policy for possible exclusions and deductibles.
- If in doubt, ask your insurance company whether the costs for special therapy procedures are covered.
- Have the decision of the insurance provider communicated to you in writing.
- In this context, please be sure to observe the exclusion guidelines of the state benefit offices if you are entitled to corresponding reimbursement.
- Since 01.01.2007 there have been significant changes in the law on state benefits (Beihilferecht). Medicines that can be prescribed but are not subject to prescription are, with a few exceptions, no longer eligible for assistance.

We will be pleased to provide a copy of this agreement at your request.

Munich, (Date)

Signature of the patient / payer

Signature of the doctor