

Registration form for Private Insurance / Self-Payer

Personal Data / Address / Contact

family name	first name	date of birth	
street	postal code	city	
phone number	cell phone number		
email			
			<input type="checkbox"/> self-payer
name of health insurance			

Billing Address (if different)

family name	first name	date of birth	
street	postal code	city	

I agree that the liquidation will be created according to the usual rates of the new GOÄ ("Gebührenordnung für Ärzte" / "Fee Schedule for Physicians") - 2.3 times the rate for medical services, 1.15 times the rate for laboratory services, and for examinations requiring a significant amount of additional time, 3.5 times the rate - valid as of January 1, 1996. It is noted that reimbursement of the fee by the reimbursement offices may not be guaranteed in full, but the invoiced amount must be reimbursed in full. This declaration also applies to all future examinations until revoked.

place, date	signature
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