

Patient's Agreement



2011/V01 .

I. PATIENT ADMISSION FORM

Last name _____

First Name _____ Title _____

Date of birth _____ Place of birth _____

Country of birth _____

Maiden name _____ Marital status _____

Citizenship _____ Religion _____

Address _____

Zip Code/City _____ Country _____

Telephone _____ Fax _____

E-Mail _____

ATTENDING DOCTOR: _____

For administrative purposes only (please do not fill in!)

Registration no. _____ Chip-card no. _____

Diagnosis at time of admission _____

Kind of admission _____ Ambulance info. _____

Admission date _____ Room no. _____

SUPPLEMENTARY INSURANCE

Insurance company _____

Policy number _____

SOCIAL INSURANCE

Profession _____

Employer _____

Social insurance provider _____

Social insurance number _____

COINSURANCE (only complete if co-insured with relative)

Last name _____

First name _____ Title _____

Date of birth _____ Degree of relationship _____ Soc. Insur.no. _____

Profession _____

Employer _____

Address _____ Zip Code/ City _____ Country _____

Telephone _____ Fax _____ E-Mail _____

NEXT OF KIN

Last name _____

First name _____ Title _____

Degree of relationship _____ Country _____

Address _____ Zip Code/ City _____

Telephone _____ Fax _____ E-Mail _____

I agree that the person designated as my next of kin be informed about all matters concerning my state of health.

MAY ALL CALLS BE CONNECTED, AND ALL VISITORS ADMITTED, TO YOU?

YES NO (except): _____

II. HOSPITAL ADMISSION AGREEMENT

1. The patient concludes a hospital admission agreement with the Wiener Privatklinik Betriebs-GmbH & Co KG, 1090 Vienna, Pelikangasse 15 (hereafter WIENER PRIVATKLINIK).
2. The WIENER PRIVATKLINIK is responsible for the provision of the stationary/daily hospital catering and accommodation of the patient.
3. For patients with insurance covering the total cost for accommodation in shared rooms, the additional costs for a single room amounts to Euro 255,- per day (including VAT) when a direct settlement agreement with an Austrian additional insurance provider exists. Current rates for self pay patients with or without social insurance, daily surgery rates for self pay patients with or without social insurance as well as rates for patients who are not fully covered by the additional insurance with social insurance are detailed and available to be read at the WIENER PRIVATKLINIK.
4. The patient commissions accommodation in:

Single room _____
Signature

Double room _____
Signature

Surgical day clinic/
Day hospital _____
Signature

5. Accommodation of an accompanying person requires the single-room rate being charged for the patient and will be invoiced separately in accordance with the current tariffs (Euro 155,- including VAT – for the accompanying person)

6. In conformity with the free choice of a medical practitioner, the patient chooses the following doctor as his/her attending physician :

Dr. _____

A separate agreement regarding treatment has to be concluded between the patient and the attending physician. The attending physician acts in his/her own name and on his/her own account and, therefore, acts independently of the WIENER PRIVATKLINIK.

The attending doctor is authorized to commission additional subordinate doctors, medical consultants, and other assistants for the provision of medical treatment. The subordinate doctors, medical consultants, institutes and other assistants also act in their own name and on their own account, respectively in the name and account of the attending physician, not in the name and on the account of the WIENER PRIVATKLINIK.

In addition, the attending doctor is authorized to commission, respectively order, nursing, assistance services and resident doctors services from the WIENER PRIVATKLINIK.

Under no circumstances, can the WIENER PRIVATKLINIK accept responsible for injuries or damages resulting from the conduct of the attending physicians, additional subordinate doctors, medical consultants and other assistants, in above named sense.

7. The patient is aware that, as a rule, health insurance coverage is only applicable to medically necessary therapeutic treatment. The patient has been informed by the insurer about treatments which are typically excluded from the insurance coverage; for example, cosmetic treatments, rehabilitation measures, nursing and treatment resulting from alcohol or drug abuse. The WIENER PRIVATKLINIK has no obligation for relating information of this kind or for obtaining a commitment for payment from the insurer.

The patient authorizes the WIENER PRIVATKLINIK to settle accounts for fees and remuneration covered by statutory and/or private health insurance directly with the insurer.

8. The Patient declares having no supplementary insurance and, at the time of admission, commits himself to the deposit of Euro [REDACTED] for a single, respectively double room. This deposit is to be increased, by the patient, as soon as 70% has been consumed. Deposits are to be paid in Euros. If, as an exception, a deposit is paid in foreign currency, ensuing repayments will be made in Euros. In addition, bank charges, arising from exchange fees, will be deducted.

9. In addition to the WIENER PRIVATKLINIK's fees for rooms, operating theatre, recovery room, surgical day clinic, physiotherapy, medication, therapeutic aids, endoprotheses, implants, etc. the following additional fees will be collected:

a) Doctor fees for all medical examinations and treatments – in particular laboratory, x-ray, ultrasound examinations, CT, MRT, etc. – will be charged on behalf of the doctors and on their own account and risk.

b) Special fees, charged by the WIENER PRIVATKLINIK, such as telephone calls, additional food and beverages, secretarial services, copying, etc.

10. The patient commits himself to personally settling all costs arising from his/her stay and treatment, which are not, or only partially, covered by statutory and/or supplementary insurance.

At the time of his admission, he was made aware of the valid schedule of tariffs of the WIENER PRIVATKLINIK (also, see the notice in the admission office). The patient explicitly declares being completely informed in this matter. (In accordance with § 44, par. 3 Vienna Hospital Institute Law, the day of admission and the day of discharge will be charged in full).

11. The patient furthermore acknowledges that, in the case of a delay in payment on his part, he is liable to pay the interest on arrears, charged by the WIENER PRIVATKLINIK amounting to 1% per month, as well as reminder fees.

In addition, the patient acknowledges that, in the case of the involvement of a collection agency or consultancy being required from an attorney at law, he is obliged to bear all the resulting costs (reminder, collection agency, investigation, inquiry and attorney-at-law costs).

12. The patient also acknowledges, that the WIENER PRIVATKLINIK is not liable for any valuables or money not stored in the safe deposit boxes in the management offices. A lockable drawer, for articles of daily use, is provided in the nightstand.

III. MISCELLANEOUS

1. The patient understands that his personal data, the subject and extent of the medical treatment provided by the attending doctor, as well as the services of the WIENER PRIVATKLINIK are processed using EDP. The patient specifically agrees to this data being stored and transmitted to his health insurance provider; the same applies to the processing of remittances and payments. Furthermore, the patient agrees – revocable at any time – that the WIENER PRIVATKLINIK may use his personal data for mailings (e.g., emergency card, information about the services of the WIENER PRIVATKLINIK, etc.).

2. The patient agrees, that the contract price of his treatment will be transferred completely to the WIENER PRIVATKLINIK from his health insurances..

3. The patient gives his consent to the transmission of his medical reports to the arbitration board of the General Medical Council of Vienna and the Union of Insurance Companies in Austria in the case that his supplementary health insurer rejects the assumption of expenses.

4. Austrian law is valid with the exception of its norms for referral. For legal action resulting from this agreement the local court of the district of the patient's registered residence or habitual abode, will be competent. For patients' charges against the WIENER PRIVATKLINIK the court of the district in which the WIENER PRIVATKLINIK is located, is also competent.

5. The valid version of the general terms of business for private hospitals in Austria, published by the Union of Private Hospitals in Austria, posted in the admission department of the WIENER PRIVATKLINIK is agreed on. The patient furthermore commits himself to observing the house rules (as displayed). (Also see <http://www.wpk.at>)

As a signification of understanding and agreement the patient signs this patient's agreement.

Vienna, _____ Date	_____ Patient's signature
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FOR YOUR INFORMATION:

- We kindly ask you to smoke only in the areas marked as smoking areas. Smoking is not permitted in the patients' rooms!
THE SMOKING AREAS ARE LOCATED:
 - On the 2nd, 3rd, 4th floor, at the end of the corridor (on the right in the stairwell)
 - According to latest scientific findings, **mobile phones** can definitely result in the malfunctioning of electronic instruments. This is of particular consequence in the medical and hospital area. Therefore, we kindly ask you **to not use** your mobile phone **during your stay**.
 - Please pay attention to the fact that the use of **mobile phones** is **strictly forbidden** in the marked areas within the WIENER PRIVATKLINIK (operating area, recovery room, etc.).

Thank you very much for your understanding!