Private health insurance (voluntary information)

Patient's surname, first name and address | Date of birth

PVS BW

Stamp of
the responsible
person

Declaration of Agreement

1. I agree to the passing on of information and especially of information taken from the patients files (name, date of birth, address, diagnosis, examination and treatment data) for the purpose of accounting and invoicing to the Privatärztliche Verrechnungsstelle Baden-Württemberg eG (short: PVS BW), Bruno-Jacoby-Weg 11, 70597 Stuttgart as well as to the assignment of claim for purpose of advance payments and invoicing to the PVS Finanzservice GmbH (short: PVS F), Bruno-Jacoby-Weg 11, 70597 Stuttgart.

2. I agree that PVS BW will claim and invoice for the services of my physician and collect for PVS F. Should there exist differing opinions about validity of claims I also agree to passing on of additionally required data taken from the patients files to PVS BW for the purpose of justification of claims. In the event of possible legal dispute PVS BW is litigant and my chosen consultant physician may be summoned as witnesses. Insofar I also discharge the chosen consultant physician from their medical confidentiality.

3. This declaration also applies for claims resulting of future treatment(s). The declaration of agreement towards the physicians or the PVS BW as well as PVS F may be revoked at any time in written form with effect for the future. The legal validity of previously performed processing based upon the declaration of consent is not affected by revocation of consent. In the event of revocation no further transfer of data between my physician and PVS BW as well as the PVS F will take place.

Name, given name | address

Place, Date | Signature of patient / authorized representative*

(*If only one parent signs for a minor this parent expressly assures consent of the other parent / legal custodian is given)

Dr. med. B. Mathes
Fachärztin für Allgemeinmedizin und Innere Medizin

Treatment contract

between _____ born: _____
hereinafter referred to only as "the patient"
and practice Dr. med. Barbara Mathes

The two parties mentioned above hereby conclude a treatment contract. The fee schedule for physicians (GOÄ) in the respective valid version applies to the determination of the fee. The patient states (see below) that he is privately insured. If necessary, the responsible aid office will pay for part of the treatment costs.

If the patient is not insured in the normal rate of a private health insurance company and has been granted a special rate (basic rate or standard rate) upon application, he must prove this rate by submitting the letter from the private health insurance fund.

Due to medical progress, more and more benefits are being calculated analogously according to § 6 para. 2 GOÄ. Some private insurance companies do not reimburse these services or only reimburse them to a limited extent; it may also be necessary to exceed the threshold value. Due to different insurance conditions, tariffs and subsidy regulations, patients themselves are responsible for checking the reimbursability and amount of the costs in advance.

In many contracts, the reimbursement of certain services by private health insurance/subsidies is categorically excluded – this does not release the patient from the obligation to pay for the services provided. The fee must be paid by the patient in any case, regardless of whether or to what extent the insurance/subsidy reimburses the invoice amount. The practice's fixed payment deadline exists regardless of the time of a promised reimbursement by the health insurance company. In principle, it is not possible to change the invoice amount after creating an invoice.

I have private health insurance (without/with entitlement to subsidies) and accept the full fee amount with the threshold value (2.3 or 1.8) or - if justified - with the increased value (3.5 or 2.5). The rates of increase are based on the additional expenditure of the service in question in terms of content or time compared to the simple rate and are listed on the invoice.

I am willing to bear part of the treatment costs or, if applicable, the entire costs, if the cost bearer(s) does not reimburse the costs or does not reimburse them in full.

With the express or implied consent of the patient, the physician is permitted to have services performed within the framework of the statutory provisions, even by qualified auxiliary staff.

If one of the aforementioned contractual provisions is invalid, the validity of the remaining contract remains unaffected.

Place, date, signature, _____