

Annex A**Privacy Policy under Section 11b of Insurance Contract Law (VersVG) for Direct Billing in Medical Insurance**

[Wiener Privatklinik Betriebs Ges. m. b H & Co KG hereinafter referred to as WPK]

First and last name of the patient: _____

Name of the private health insurance company (hereinafter referred to as the **Insurer**)

This policy applies to your stay in the WPK for _____ of admissions

1.a Transmission of medical data for the purposes of direct billing

I have been informed that the following personal medical data must be transmitted to the insurer for the purposes of direct billing:

- For receipt of the insurer's confirmation of coverage:
 - a) my identification data,
 - b) the insurance relationship and
 - c) the admission diagnosis (information on the reason for hospital admission or outpatient treatment, and whether the treatment is needed due to an accident);
- For billing and verification of services:
 - a) data on the medical services provided (data on the reason for treatment and its scope), including the surgeon's report,
 - b) data about the duration of the hospital stay or treatment and
 - c) data on discharge or termination of treatment (discharge summary);

1.b Transmission of medical data for detailed review of benefit payment or for use by the conciliation board

In order to maintain the efficiency of the direct billing system, a conciliation board has been set up between the Association of Austrian Insurance Companies (VVO) and WPK to settle any disputed billing issues. I have been informed that the data listed above in clause 1.a and processed for receipt of the confirmation of coverage, billing services and review will be used by WPK and my insurer to settle any disputed billing issues. If needed for settlement of any disputed billing issues, WPK and my insurer will use the data listed in clause 1.a and the following data needed for detailed review of benefit payment and for the conciliation board:

- a) Fever curve for the current case (diagnostic data, medication, monitoring parameters, services ordered/provided);
- b) Anesthesia protocol for the current case (being a part of the surgeon's report);
- c) History of the current case (data on the reason for treatment) including present status;
- d) Consultation and diagnostic findings on the current case (data on the treatment provided).

Any medical data beyond the listed above will only be used based on my separate consent.

1.c Cautionary provision about the right to refuse

I have been informed that I can refuse from the data collection and data transmission in direct billing at any time, which might result in the refusal of coverage by the insurer, and I remain liable to pay for those services that would otherwise be covered by the insurer.

Since these costs often amount to approx. € 1,000 on average per one day of stay, I was strongly recommended to obtain a cost estimate from the hospital administration before making a decision to refuse from data transfer.

2. Instruction for direct billing

I hereby instruct WPK and the doctors entitled to receive fees who work for WPK to settle any claims concerning my medical insurance directly with the insurer. I acknowledge that for the purposes of direct billing, the data mentioned in clause 1.a will be established by the insurer through information from WPK and the doctors entitled to receive fees, and that the data mentioned in point 1.b will be used by WPK and the insurer to settle any disputes on billing issues.

In case of a subsequent cancellation of my instruction for direct billing (see point 1.c), my original instruction for direct billing to WPK will no longer be valid, which might result in the refusal of coverage by the insurer, and I remain liable to pay for those services that would otherwise be covered by the insurer.

3. Release from medical confidentiality

For the purposes of direct billing, I hereby release the interviewed doctors and hospital staff from their medical and other professional confidentiality obligations towards the insurer with regard to the data mentioned in items 1.a and 1.b.

4. Assignment of social insurance claims from Social Insurance Office (SVA), Health Insurance of Federal Railway BVA)

As the **main insured person**, I give my consent to my private health insurance company to pay the contractually agreed or standard costs of my treatment in full to the hospital.

As a **co-insured person**, I will ensure that the main insured person gives the required consent.

If my social insurance covers some of my treatment costs in the special class, I agree that the social insurance office will transfer the amount of compensation, to which I am entitled to due to treatment, directly to my private health insurance company.

Only applies to those insured with the Social Insurance Office for Industry (SVA): If the SVA fails to cover, for any reason whatsoever, the full costs, in particular due to arrears in any contributions or partial costs, I undertake to pay the difference.

Date: _____

Patient's signature: _____