

Patient Label

HZ / checked

A. PATIENT AGREEMENT

1. PATIENT'S DATA:

Surname _____ First name _____

Name at birth _____ Title _____

Date of birth _____ Place of birth _____

Country of birth _____ Nationality _____

Contact details/ Home address: **Sext** o male o female

Street/house door no. _____

Postcode/ City _____ Country _____

Phone _____ Mobil Phone _____

E-Mail _____

2. ATTENDING HOSPITAL PHYSICIAN:

For the provision of medical treatment services, within the meaning of free choice of health professionals, I choose the following attending hospital physician: _____

3. PATIENT DECREE:

Binding patient decree o yes o no

non-binding patient decree to be taken under advisement by medical staff o yes o no

4. SUPPLEMENTARY INSURANCE/PRIVATE INSURANCE: o yes o no

Name of supplementary/private insurance _____

Policy number _____

5. AUSTRIAN SOCIAL INSURANCE o yes, I would like direct billing o no

Name of social insurance organisation: _____

Social insurance number _____ o Co-insured o Principal insured

6. for AUSTRIAN SOCIAL INSURANCE / DATA OF THE INSURED PERSON (only to be completed if the patient is NOT the principle insured):

Surname	First name
Date of birth	Title
Relationship	Ins. no
Contact details/ Home address:	
☐ Sex ☐ o mail ☐ o female	
Street/house door no.	
Postcode/ City	Country
Phone	E-Mail

7. ☐ REPRESENTATIVE ☐ ADULT REPRESENTATIVE ☐ LEGAL GUARDIAN

Surname	First name
Title	Relationship
Street/house door no.	
Postcode/ City	Country
Mobile Phone	Other Phone
E-Mail	

I hereby agree that the person mentioned above may be informed of all matters relating to my health (e.g. results, other documents)

ALL information by telephone may only be provided by our employees if the caller provides a previously agreed password shared by you. **(without the PASSWORD, no information will be given by telephone!)** I choose the following as the **PASSWORD** to allow information to be provided by telephone for this stay:

8. MAY ALL CALLS AND VISITORS BE FORWARDED TO YOU?

☐ yes ☐ no, unless the PASSWORD _____ is provided

After careful examination, I hereby confirm the accuracy of the data and information in **Part A of the Patient Agreement (Patient Admission Document, pages 1 and 2, points 1 to 8)**

Date	Signature Patient	representative/adult representative/ legal guardian
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B. CONTRACT ON HOSPITAL ADMISSION

1. The patient concludes a contract on hospital admission with Wiener Privatklinik Betriebs-GmbH & Co KG, 1090 Vienna, Pelikangasse 15, ("VIENNA PRIVATE HOSPITAL" - VPH).

2. VIENNA PRIVATE HOSPITAL is obliged to provide the patient with meals and accommodation according to their inpatient/day-surgery hospital status.

3. The patient hereby definitively requests accommodation according to the "Room Price List" listed in the attachment and the room category selected by the patient, or on the basis of the individual cost estimate prepared in advance of admission.

4. Prices for self-paying patients with and without social insurance, day-surgery prices for self-paying patients with and without social insurance, and prices for non-cost-covering Austrian supplementary health insurance with social insurance are posted in the VPH, or can be found in the applicable price list. For services that are not covered by social insurance or supplementary insurance **in principal**, the patient commits to paying the cost themselves.

5. Accommodation for an accompanying person requires the patient to pay the single room price and is also charged separately according to the price list.

6. A separate treatment agreement must be concluded between the patient and the attending hospital physician (according to point A.2/page 1). The attending hospital physician acts in their own name and on their own account; therefore, they work independently of VIENNA PRIVATE HOSPITAL.

I authorise my attending hospital physician to commission other subordinate physicians, e.g. anaesthetists, consulting physicians and other vicarious agents with the provision of medical treatment services. The subordinate physicians, consulting physicians, institutes and other vicarious agents commissioned by the attending hospital physician also act in their own name and for their own account or on behalf of and for the account of the attending hospital physician, but not VIENNA PRIVATE HOSPITAL.

I hereby authorise my attending hospital physician to commission or order care services, assistance services and general practitioner services from VIENNA PRIVATE HOSPITAL.

Under no circumstances shall VIENNA PRIVATE HOSPITAL be liable for any damage caused by any behaviour of the attending hospital physician, a further subordinate physician, the anaesthetist, a consultant doctor or any other vicarious agents within the above-mentioned sense (e.g. including employees of VIENNA PRIVATE HOSPITAL acting on the attending hospital physician's order).

7. The patient is aware that the health insurers' insurance cover usually only covers treatment that is medically necessary. The patient has been informed by the insurer of treatments that are typically excluded from coverage, such as cosmetic treatments, rehabilitation, care and treatment needed as a result of alcohol abuse or misuse of narcotic drugs. VIENNA PRIVATE HOSPITAL does not undertake any obligation to provide this information or to obtain assurances of cover from the insurer.

The patient authorises VIENNA PRIVATE HOSPITAL to charge the statutory insurance and/or private health insurance directly for charges and fees covered by them.

8. The patient states that they do not have supplementary insurance and undertakes to pay a deposit of euros for a single room or double room at the time of admission. This deposit must be continually replenished by the patient as soon as 70% of the deposit has been used up. Deposits must be paid in euros. If, as an exception, deposits are made in another currency, any repayments of the deposit will be made in euros; furthermore, the bank charges for the conversion will be deducted.

9. In addition to the fees charged by VIENNA PRIVATE HOSPITAL for room prices, operating theatre fees, recovery room fees, day surgery fees, physiotherapy, medication, therapeutic aids, endoprostheses, implants, etc., the following surcharges are additionally charged:

a) Medical fees for all medical examinations and treatments, in particular laboratory, X-ray, ultrasound, CT, MRI, etc., are charged on behalf of and at the risk of the respective physicians.

b) Surcharges of VIENNA PRIVATE HOSPITAL include, in particular, telephone costs, extra food and drinks, secretarial services, copier use, copy of the patient's medical history, etc. (according to the corresponding price lists).

10. The patient undertakes to pay all costs incurred through their stay and treatment, that are not paid or are only partially paid by their statutory and/or private health insurance.

On the occasion of their admission, they were informed of the valid price list of VIENNA PRIVATE HOSPITAL; (see also notice posted in the admitting office). The patient hereby expressly declares that they have been fully informed about this. (According to § 44 (3) of the Vienna Hospitals Act, the day of admission as well as the discharge date will be charged as full days.)

11. The patient further notes that in the event of late payment, they shall be obliged to pay interest on arrears for the relevant, legally permissible amount as calculated by VIENNA PRIVATE HOSPITAL, as well as dunning fees.

In addition, the patient notes that in the event of the involvement of a debt collection agency and involvement of a solicitor, the patient is under an obligation to bear the dunning, collection, enforcement, notification and solicitor's fees incurred in this regard.

12. The patient also notes that smaller valuables and everyday items (mobile phones, keys, ID cards, cash, etc.) shall be deposited in the lockable storage drawer in the nightstand or in the room safe. Larger valuables must be stored in the safe in the management office; if this is needed, please contact the staff on the ward. The patient also notes that when leaving the room, the key must not be left in the room. The patient acknowledges that VIENNA PRIVATE HOSPITAL cannot assume any liability for any valuables and cash brought along.

C. Miscellaneous

1. The patient is aware that their personal data, the content and scope of the medical services by all attending physicians as well as the services of VIENNA PRIVATE HOSPITAL, shall be processed by means of data processing systems. The patient expressly agrees that this data will be stored and shared with their health insurers; the same applies to the processing of remittances and payments.

2. The patient gives their consent to their health insurers to remit the contractually or collectively agreed costs of the treatment in their entirety to VIENNA PRIVATE HOSPITAL.

3. The patient agrees to their medical history being shared with the Arbitration Panel of the Medical Association for Vienna and the Association of Insurance Companies of Austria, in the event of refusal to cover the costs by their supplementary health insurance.

4. Austrian law shall apply to this contractual relationship (Contract on Hospital Admission) as well as to the contractual relationship with the attending hospital physician (Treatment Contract) with the exception of rules on the conflict of laws and the UN Convention on Contracts for the International Sales of Goods. The place of performance and place of transaction for all mutual services is the registered office of Wiener Privatklinik Betriebs-GmbH & Co. KG, 1090, Vienna, Austria. For the resolution of all disputes arising from the Contract on Accommodation as well as from the Treatment Contract concluded with the attending hospital physician, only the jurisdiction of the competent court for the registered office of Wiener Privatklinik Betriebs-GmbH & Co. KG, 1090, Vienna, Austria may be invoked.

5. The General Terms and Conditions for VIENNA PRIVATE HOSPITAL (WIENER PRIVATKLINIK Betriebs GmbH & Co KG), as amended, and as posted in VIENNA PRIVATE HOSPITAL, are agreed upon. The patient also undertakes to observe the house rules (as posted on the bulletin board). (see also <http://www.wpk.at>)

Under no circumstances will VIENNA PRIVATE HOSPITAL be liable for any damage caused by any behaviour of the attending hospital physician, the chosen anaesthetist, a further subordinate physician, a consulting physician or any other vicarious agents within the above-mentioned sense, including the employees of VIENNA PRIVATE HOSPITAL made available to the attending hospital physician.

Acknowledged by the patient

The patient consents to their personal data (in particular, their contact details) being used for sending the following documents until further notice: an emergency card, information about the range of services offered by VPH, general information, invitations to VPH events and for quality measurement purposes.

☐ Yes, I consent

O No, I do not consent

(even in the case that consent is given, it may be revoked at any time by sending an email to info@wpk.at or by sending a letter by post to the address below)

I hereby acknowledge **Part B (Contract on Hospital Admission, pages 3 and 4, points 1 to 12)** and **Part C (Miscellaneous, page 4, items 1 to 5)** of this Patient Agreement in full

Date	Signature Patient	representative/adult representative/ legal guardian
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For more information, please refer to our guide on your stay at Vienna Private Hospital, which is available in all rooms.