



Formblatt 317FB
Patientenvereinbarung Selbstzahler FB
DE

Page 1/5
 Rev. Nr.: 2

GB: Standort WPK: AUF, POBO

Patient etiquette

HZ / geprüft

A. PATIENT ADMISSION FORM

1. PATIENT DETAILS:

Surname _____ First name _____

Maiden name _____ Title _____

Date of Birth _____ Place of Birth _____

Country of Birth _____ Nationality _____

Contact details/home address: _____ Gender: male female

Street/house/door number: _____

Postcode/town _____ Country _____

Telephone 1 _____ Mobile _____

E-Mail _____

2. ATTENDING HOSPITAL DOCTOR:

For the provision of medical treatment, I choose the following attending consultant, in accordance with the principle of free choice of doctor: _____

3. ADVANCE MEDICAL DIRECTIVE:

Binding advance medical directive yes no Informal advance medical directive yes no

4. COSTS (BILLING)

I declare that I will bear ALL costs arising from this stay MYSELF and EXPRESSLY PROHIBIT any direct billing to any existing insurance (statutory, private or supplementary insurance). I was informed of the likely costs (rates for self-paying patients) based on the treatment plan drawn up by my attending doctor at the time of admission. If the patient is under 18 years of age, the signature of the parents/legal guardians is required.

 Date Signature Patient Guardian/Adult representative
 Legal guardian/Parent

Patient etiquette

B. HOSPITAL ADMISSION AGREEMENT

1. The patient enters into a hospital admission agreement with Wiener Privat-Klinik Betriebs-GmbH & Co KG, 1090 Vienna, Pelikangasse 15, ("WIENER PRIVATKLINIK").

2. WIENER PRIVATKLINIK is obliged to provide the patient with inpatient/day-care accommodation and meals.

3. The patient hereby expressly requests accommodation in accordance with the "Room Price List" attached hereto and the room category selected by the patient or on the basis of the individual cost estimate prepared prior to admission.

Signature of patient/trusted person/adult representative/guardian/parent/legal guardian

HZ Portier/
Aufnahme

4. Our rates, in particular the rates for self-paying patients which apply exclusively to this admission, can be found in the current price list (displayed in the admissions office).

Signature of patient/trusted person/adult representative/guardian/parent/legal guardian

HZ Portier/
Aufnahme

5. Accommodation for an accompanying person is subject to the patient's single room rate and will be charged separately in accordance with the rate.

6. A separate treatment contract must be concluded between the patient and the attending consultant (as per point A.2./page 1). The attending consultant acts in their own name and on their own account; they therefore act independently of the WIENER PRIVATKLINIK.

I authorise my attending consultant to commission other subordinate doctors, e.g. anaesthetists, consultants and other agents, for the provision of medical treatment services. The subordinate doctors, consultants, institutions and other agents appointed by the attending physician act in their own name and on their own account or in the name and on behalf of the attending physician, but not on behalf of WIENER PRIVATKLINIK.

I further authorise my attending physician to commission or arrange nursing services, assistant services and GP services at WIENER PRIVATKLINIK.

WIENER PRIVATKLINIK shall under no circumstances be liable for any damage caused by any conduct on the part of the attending physician, any other subordinate physician, the anaesthetist, a consultant physician or any other vicarious agent (e.g. including employees of WIENER PRIVATKLINIK acting on behalf of the attending physician) within the meaning set out above.

7. Admission and billing are exclusively on a 'self-paying' basis. The patient is aware that, in the event of subsequent submission of invoices to any existing insurance provider, the costs incurred may not be reimbursed at all or only partially.

The patient undertakes to pay a deposit of € _____ upon admission for a single room or a twin room. The patient must top up this deposit on an ongoing basis as soon as 70% of the deposit has been used up. Deposits must be paid in euros. Should deposits, in exceptional cases, be paid in another currency, any refunds will be made in euros; furthermore, the charges for the conversion will be deducted.

Signature of patient/trusted person/adult representative/guardian/parent/legal guardian

HZ Portier/
Aufnahme



Formblatt 317FB
**Patientenvereinbarung Selbstzahler FB
DE**

Page 4/5
Rev. Nr.: 2

GB: Standort WPK: AUF, POBO

8. In addition to the fees charged by WIENER PRIVATKLINIK for room rates, operating theatre fees, recovery room fees, day surgery fees, physiotherapy, medication, medical aids, endoprostheses, implants, etc., the following special charges shall be levied in particular:

- a) Doctors' fees for all medical examinations and treatments, in particular laboratory tests, X-rays, ultrasound examinations, CT, MRI, etc., shall be levied in the name and on behalf of, and at the risk of, the doctors.
- b) Special charges levied by WIENER PRIVATKLINIK, such as, in particular, telephone call charges, extra food and drink, secretarial services, photocopying, copies of medical records, etc. (in accordance with the relevant price lists displayed).

9. The patient undertakes to pay all costs incurred as a result of their stay and treatment. Upon admission, they were made aware of the current price list of the WIENER PRIVATKLINIK; (see also the notice displayed in the Admissions Office). The patient hereby expressly declares that they have been fully informed of this. (In accordance with Section 44(3) of the Vienna Hospitals Act, both the day of admission and the day of discharge will be charged in full.)

10. The patient further acknowledges that, in the event of late payment on their part, they are obliged to settle the default interest charged by WIENER PRIVATKLINIK at the rate permitted by law, as well as reminder fees. Furthermore, the patient acknowledges that in the event of the involvement of a debt collection agency or the engagement of a solicitor, the patient is obliged to bear the reminder, collection, investigation, information and legal costs incurred in this connection.

11. The patient also acknowledges that small valuables and items of daily use (mobile phone, keys, ID cards, small amounts of cash, etc.) must be deposited in the lockable compartment in the bedside table or in the room safe. Larger valuables must be stored in the deposit safe in the administration office; please contact the ward staff if required. The patient further acknowledges that the key must not be left in the room when leaving. The patient acknowledges that the WIENER PRIVATKLINIK cannot accept any liability for valuables or sums of money brought onto the premises.

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| Verantwortung: Standort WPK: VD | Fachl. geprüft: Alexandra Prechtl | Freigegeben: Thomas Bogendorfer (15.06.2026) |
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