Patient Label

HZ / checked

A. PATIENT AGREEMENT

1. PATIENT'S DATA:

Surname _____ First name _____

Name at birth _____ Salutation (e.g., title) _____

Date of birth _____ Place of birth _____

Country of birth _____ Nationality _____

Contact details/ Home address: **biological sex:** o male o female

Street/house door no. _____

Postcode/ City _____ Country _____

Phone 1 _____ Phone 2/Mobil _____

E-Mail _____

2. ATTENDING HOSTPITAL 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 MEDICAL DIRECTIVE:

Binding advance medical directive o yes o no

Informal advance medical directive o yes o no

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

Name of supplementary/private insurance: _____

Insurance 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:** _____

Street/House door no. _____

Postcode/ City _____ Country _____

Phone _____ E-Mail _____

7. o REPRESENTATIVE o ADULT REPRESENTATIVE o LEGAL GUARDIAN

Surname _____

First name _____

Title _____ Relationship _____

Street/house door no. _____

Postcode/ City _____ Country _____

Phone 1 _____ Phone 2/Mobil _____

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 **PASSWORD to allow information to be provided by telephone** for this stay:

_____

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

o yes o 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).** The signature of the patient's parents/legal guardians is required if the patient is under 18 years of age.

_____	_____	_____
Date	Signature Patient	representative/adult representative/partents/ legal guardian

Patient Label

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 attached Room Price List, and the room category selected by the patient.

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.

The hospital provides the attending physician with the non-medical and medical (employed in-house physicians) staff necessary to carry out the treatment; this staff acts in accordance with the attending physician's professional instructions (in the sense of vicarious agents), in compliance with all statutory provisions (in particular the relevant professional laws).
Any physicians, consulting physicians, institutes, or other external agents commissioned by the attending physician act in their own name and on their own account, but not on behalf of WIENER PRIVATKLINIK.

Under no circumstances shall VIENNA PRIVATE HOSPITAL be liable for any damage caused by any behaviour of the attending physician, a further subordinate physician, the anaesthesiologist, 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, interest on arrears for the legally permissible amount as calculated by VIENNA PRIVATE HOSPITAL, as well as dunning fees must be paid by the patient himself.

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 note 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 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 and stored by means of data processing systems - the same applies to the processing of remittances and payments.

2. Austrian law shall apply to this contractual relationship (Contract on Hospital Admission) 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 only the jurisdiction of the competent court for the registered office of Wiener Privatklinik Betriebs-GmbH & Co. KG, 1090, Vienna, Austria may be invoked.

3. 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 anaesthesiologist, 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. The signature of the patient's parents/legal guardians is required if the patient is under 18 years of age.

_____
Acknowledged by the patient

The patient consents that personal data (in particular 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.

O 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, points 1 to 3)** of this Patient Agreement in full. The signature of the patient's parents/legal guardians is required if the patient is under 18 years of age.

_____	_____	_____
Date	Signature Patient	representative/adult representative/parents/ legal guardian

For more information, please refer to our guide on your stay at Vienna Private Hospital, which is available in all rooms.