Patient Label

HZ / checked

A. AGREEMENT FOR SELF-PAY PATIENTS

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 DOCTOR:

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

3. ADVANCE MEDICAL DIRECTIVE:

Binding advance medical directive o yes o no

Informal advance medical directive o yes o 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	representative/adult representative/parents/ legal guardian

5. o REPRESENTATIVE o ADULT REPRESENTATIVE o LEGAL GUARDIAN

Surname _____

First name _____

Title _____ Relationship _____

Street/house door no. _____

Postcode/ City _____ Country _____

Phone 1 _____ Phone 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 any 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:

_____

6. 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 6).** 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

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B. CONTRACT ON HOSPITAL ADMISSION

1. The patient enters into a hospital admission agreement with Wiener Privatklinik 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 definitively requests accommodation according to the attached Room Price List, and the room category selected by the patient.

HZ Portier/ Aufnahme

_____

Signature of patient/representative/adult representative/parents/legal guardian

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).

HZ Portier/ Aufnahme

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Signature of patient/representative/adult representative/parents/legal guardian

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). All attending consultants act in their own name and their on own account; they therefore act independently of the WIENER PRIVATKLINIK.

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.

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 anesthesiologist, 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 bank charges for the conversion will be deducted.

HZ Portier/ Aufnahme

_____

Signature of patient/representative/adult representative/parents/legal guardian

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 his stay and treatment. Upon admission, the patient was 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 he has 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 his part, he is 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.

C. MISCELLANEOUS

1. The patient is aware that their personal data, the content and scope of the medical services provided by all attending doctors, and the services of the WIENER PRIVATKLINIK are processed electronically.

2. Austrian law, with the exception of its conflict-of-laws provisions and the UN Convention on Contracts for the International Sale of Goods, shall apply to this contractual relationship (hospital admission contract). The place of performance and the place of action for all mutual obligations is the registered office of Wiener Privatklinik Betriebs-GmbH & Co KG in 1090 Vienna. For the resolution of all disputes arising from the accommodation contract, exclusive jurisdiction lies with the competent court at the registered office of Wiener Privatklinik Betriebs-GmbH & Co KG in 1090 Vienna.

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 shall the Wiener Privatklinik be liable for any damage caused by any conduct of the affiliated doctor, the selected anesthesiologist, any other subordinate doctor, a consultant doctor or any other vicarious agent, including staff of the Wiener Privatklinik made available to the affiliated doctor, in the sense described above. 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 agrees that his personal data (in particular his contact details) may be used for the dispatch of the following documents until further notice: sending an emergency card, information about the services offered by WPK, general information, invitations to WPK events and for the purpose of quality assessment.

O Yes, I consent **O No, I do not consent**

(Even if consent is given, it may be withdrawn at any time by email to info@wpk.at or by post to the address of the Wiener Privatklinik.)

I hereby acknowledge **Part B (Contract on Hospital Admission, pages 3 and 4, points 1 to 11)** and **Part C (Miscellaneous, page 4, items 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.