

DATA PROTECTION / DIRECT BILLING AUSTRIAN Supplementary health insurance

Privacy Policy pursuant to Section 11b of the Health Insurance Act (VersVG) for direct billing in health insurance
(Wiener Privatklinik Betriebs Ges.m.b.H. & Co KG hereinafter referred to as **WPK**)

Patient's surname and first name: _____

Name of the private health insurance provider (hereinafter referred to as **the insurer**)

This declaration applies to your stay at WPK with admission number _____

1.a Transfer of health data for the purpose of direct billing

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

- For the purpose of obtaining the insurer's confirmation of cover:
 - a) Data regarding my identity,
 - b) the insurance relationship and
 - c) the admission diagnosis (data regarding the reason for inpatient admission or outpatient treatment, as well as whether the treatment is the result of an accident)
- For the purpose of billing and verifying services:
 - a) Data regarding the treatment services provided (data on the reason for treatment and its extent), including the surgical report,
 - b) data regarding the duration of the inpatient stay or treatment and
 - c) data regarding discharge or the conclusion of treatment (discharge letter)

1.b Transmission of health data for the purpose of in-depth claims assessment or for use at the Arbitration Board

To ensure the efficiency of the direct settlement system, an arbitration board has been established between the Association of Austrian Insurance Companies (VVO) and WPK to resolve disputed billing issues. I have been informed that the data listed above under point 1.a and processed for the purpose of obtaining coverage confirmation as well as for claims settlement and review will also be used by WPK and my insurer to resolve disputed billing issues.

To the extent necessary to resolve disputed billing issues, WPK and my insurer will use the data listed under Section 1.a and the following data relevant to the claim for an in-depth review of the claim and (in the case of Austrian supplemental insurance) before the arbitration board:

- a) Medical chart for the current case (data on diagnosis, medication, monitoring parameters, services ordered/provided)
- b) Anaesthesia record for the current case (forms part of the surgical report)
- c) Medical history for the current case (data regarding the reason for treatment) including current status
- d) Consultation reports and diagnostic findings for the current case (data regarding the treatment provided)

Any further health data will only be used on the basis of my separate consent.

1.c Information regarding the right to object

I have been informed that I may object to the collection and transmission of data in the direct settlement process at any time, which could result in the insurer refusing cover, at least for the time being, and me remaining liable for payment of those benefits that would otherwise be covered by the insurer, if applicable.

As these costs often amount to more than €1,500 per day of stay on average, I have been strongly advised to obtain a cost estimate from the hospital administration before deciding to prohibit the transfer of data.

Signature of patient/representative/adult representative/Parents/legal guardian*

HZ Portier/
Aufnahme

2. Authorisation for direct settlement

I hereby authorise WPK, also on behalf of the fee-charging doctors working at WPK, to settle claims arising from my health insurance directly with the insurer. I acknowledge that, for the purposes of direct settlement, the data specified in point 1.a will be obtained by the insurer through enquiries to WPK and the doctors entitled to fees, and that the data specified in point 1.b will be used by WPK and the insurer to clarify contentious billing issues. In the event of a subsequent revocation of my authorisation for direct billing (see point 1.c), my originally granted authorisation for direct billing of my claims with WPK shall cease to apply, which may result in my insurer refusing cover, at least for the time being, and me remaining liable for payment of those services which would otherwise be covered by the insurer

Signature of patient/representative/adult representative/Parents/legal guardian*

HZ Portier/
Aufnahme

3. Release from medical confidentiality

For the purpose of direct settlement, I hereby release the doctors consulted and the hospital staff from medical and other professional confidentiality obligations towards the insurer with regard to the data mentioned in points 1.a and 1.b.

4. Assignment of social insurance claims to the SVA, BVA (applies only to patients who are covered by social insurance with the SVA or BVA)

As the **principal insured person**, I give my consent for my private health insurance to transfer the contractually or tariff-agreed costs of my treatment in full to the hospital.

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

If my social insurance covers the cost share for my treatment in the special class, I agree that the social insurance shall transfer the reimbursement amount to which I am entitled for the treatment directly to my private health insurance.

Applies only to those insured with the Social Insurance Institution for Trade and Industry (SVA): If the SVA, for whatever reason, in particular due to arrears in contributions or cost-sharing, does not cover the full costs, I undertake to pay the difference.

Date **Signature** of patient/representative/adult representative/Parents/legal guardian*

*The signature of the parents/legal guardians is required if the patient is under 18 years of age!