DATA PROTECTION / DIRECT BILLING OTHER private insurance

Applies to patients with international insurance who have an existing direct billing agreement (List DV-B) OR a declaration of cost coverage based on a specific (case-related) cost estimate.

Privacy Policy pursuant to Section 11b of the Health Insurance Settlement Act (VersVG) for direct settlement in health insurance

*(Wiener Privatklinik Betriebs Ges.m.b.H. & Co KG hereinafter referred to as **WPK**)*

Surname and first name of the patient: _____

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 termination of treatment (discharge letter)

1.b Transfer of health data for the purpose of an in-depth review of the claim

Where necessary to clarify disputed billing issues, WPK and my insurer will use the data listed under point 1.a and the following data relevant to the claim for an in-depth claim review:

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 on the reason for treatment) including current status
d) Consultation reports and diagnostic findings for the current case (data on the treatment provided)

1.c Information regarding the right to prohibit data processing

I have been informed that I may prohibit 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.

HZ Portier/ Aufnahme

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

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 resolve contentious billing issues. In the event of a subsequent revocation of my authorisation for direct settlement (see point 1.c), my originally granted authorisation for direct settlement 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.

HZ Portier/ Aufnahme

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

3. Release from medical confidentiality

For the purpose of direct billing, I hereby release the consulting doctors and 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. General liability for the bearing of costs

The Wiener Privatklinik will endeavor to comply with your request for direct billing with your private insurance and to transmit the necessary data and communicate with your private insurance provider directly. However, should your private insurance company – for whatever reason – refuse to make timely payment to Wiener Privatklinik, you agree upon request by Wiener Privatklinik, to immediately settle the outstanding invoices personally at your own expense and to submit the invoices to your private insurance company yourself, for the purpose of any reimbursement of costs. This also applies in the event that your insurance covers only part of the costs incurred.

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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!