

Administrative record

Pfalzlinikum, Weinstraße 100, 76889 Klingenmünster

Geschäftsführer

Paul Bomke

Weinstraße 100
76889 Klingenmünster

Tel. 06349 900-0
Fax 06349 900-1099

info@pfalzlinikum.de
www.pfalzlinikum.de

Our Services are located in:

**Klingenmünster, Kaiserslautern, Kusel,
Landau, Speyer, Rockenhausen, Wörth,
Pirmasens**

Treatment Contract (Behandlungsvertrag in English)

Between

Parent and/or legal guardian

Name, first name of the patient

Name, first name

Patient's date of birth

Date of birth

Patient's street, ZIP code, place of residence

Street, ZIP code, place of residence

and

Pfalzlinikum für Psychiatrie und Neurologie (AdÖR) [Pfalzlinikum-Service Provider for Mental Health and Neurology]

on the inpatient / semi-inpatient / pre- or post-inpatient / or outpatient treatment on the terms stipulated in the General Terms and Conditions of the Clinic dated Feb. 01, 2014.

Note

In case no cost acceptance statement by a health insurance carrier or another social service authority or a private health insurance company is submitted or the cost acceptance statement does not cover the cost of all required services, the patient is obligated to pay the fee for the hospital services in whole and/or in part as a self-payer.

Declaration of consent:

Should I not be able to bear the respective costs myself, I agree that the hospital administration will file an application for the acceptance of the cost with the competent social service authority.

In the above stated case I commit to providing the social service authority with any required information. Furthermore, information may be obtained from and provided to the funding agencies of the basic security benefit for employment seekers (agencies for employment and job centers).

This declaration of consent may be revoked at any time with future effect.

I have been informed that the hospital does not assume any liability for any amounts of money and valuables brought in and not deposited.

Acknowledgment of receipt: I have received one copy respectively of:

- the treatment contract
- the General Terms and Conditions (AVB)
- the data processing information sheet
- the list of fees at Pfalzlinikum
- the consent for gate information
- the consent according to § 17c para. 5 KHG on data transfer to a private health insurance company
- the consent according to §73 para.1b SGB V on data transfer between hospital and treating physician
- information on the billing system with lump compensation (DRG)
- the elective services agreement
- the patient information sheet for private medical services
- the house rules

Place, date

Patient's signature

Legal guardian's signature
(other custodians if applicable)

Hospital's signature
(for the issuance of the documents)

Pfalzlinikum für Psychiatrie und Neurologie AdÖR
Akademisches Lehrkrankenhaus der Universität Mainz

Verwaltungsratsvorsitzender: Theo Wieder **Geschäftsführer:** Paul Bomke
Steuernummer: 24/668/0118/2 **Bank:** Sparkasse Südliche Weinstraße
BIC: SOLADES1SUW **IBAN:** DE28 5485 0010 0000 0002 40

Wir gehören zum



Patient

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Patient file

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