

## Behandlungsvertrag in englisch

Pfalzkllinikum, Weinstraße 100, 76889 Klingenmünster

### Treatment Contract for Inpatient and Outpatient Hospital Services

between

*Patientenetikett*

and

**Pfalzkllinikum – Psychiatry and Neurology Clinic (Institution under Public Law)**

**for inpatient/day-care/pre-inpatient/or outpatient treatment in accordance with the General Terms and Conditions of Contract of Pfalzkllinikum dated 1 April 2024**

#### Note:

In case no declaration of assumption of costs from a health insurance fund, another social security provider or a private health insurance company is submitted or if the submitted declaration of assumption of costs does not cover the costs of all services made use of, the patient shall directly pay the respective fee for the hospital services in full or in part.

#### Authorisation:

With immediate effect, I hereby authorise Pfalzkllinikum, represented by Paul Bomke, Managing Director, to clarify my insurance and social welfare status on my behalf.

If necessary, the said Managing Director may transfer the authorisation granted to other Pfalzkllinikum employees. This authorisation also includes the assertion of the claim on its own behalf before the competent social court. This authorisation also grants Pfalzkllinikum the right to demand payment to itself. This authorisation does not include any assignment of social welfare claims.

I have been informed that the hospital accepts no liability for any cash or valuables brought in but not deposited.

**Acknowledgement of receipt:** I have received a copy of each of the following forms:

- |   |  |
|---|--|
| <input type="checkbox"/> Consent to the disclosure of information at the gate   |  |
| <input type="checkbox"/> Consent to data transfers between hospitals and general practitioners/other pre-/post-/ongoing treatment providers |  |
| <input type="checkbox"/> Consent to data transfers between private health insurance companies and hospitals                                 |  |
| <input type="checkbox"/> Patient information on discharge management  | <input type="checkbox"/> Consent to discharge management and data processing |
| <input type="checkbox"/> Agreement on optional services   | <input type="checkbox"/> Patient information for optional medical services   |

The following forms and notes are available on the notice board, in the folder in the admissions room or online at [www.pfalzkllinikum.de](http://www.pfalzkllinikum.de). On request, we can send you hard copies of these documents.

- |  |   |
|--|---|
| • Pfalzkllinikum price list  | • Information on extra payments to be made by the patient |
| • General Terms and Conditions of Contract   | • House rules   |
| • Information on the billing system based on per-case flat rates (DRG)   | • Information on the PEPP billing system                  |
| • Information for hospital patients on the basis of Art. 12 of the General Data Protection Regulation (GDPR)/Sections 16 et seq. of the Data Protection Act of the Evangelical Church in Germany (DSG-EKD)/Sections 14 et seq. of the Church Data Protection Act (KDG) |   |

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of the patient

\_\_\_\_\_  
Signature of the hospital employee

**I am acting as a representative with power of representation/legal representative/carer:**

\_\_\_\_\_  
Last name, first name of the representative

\_\_\_\_\_  
Address of the representative

\_\_\_\_\_  
Signature of the representative

**Pfalzkllinikum für Psychiatrie und Neurologie AdÖR**

Akademisches Lehrkrankenhaus der Universität Mainz

**Verwaltungsratsvorsitzender:** Hans-Ulrich Ihlenfeld

**Geschäftsführer:** Paul Bomke

**Steuernummer:** 24/668/0118/2 **Bank:** Sparkasse Südpfalz

**BIC:** SOLADES1SUW **IBAN:** DE28 5485 0010 0000 0002 40