

Dear patient,

We kindly ask you to complete this questionnaire carefully in order to provide you with a comprehensive service. Thank you very much.

Your practice team

Leitung Dr. med. dent. Christine Abert
 Karl-Marx-Allee 90 A • 10243 Berlin
 Telefon: 030 / 206 202 33
 Telefax: 030 / 206 202 34
 info@zahnarzt-implantat-zentrum.de
 www.zahnarzt-implantat-zentrum.de

Family name	First name	DOB
Address	Zip Code, City	State
Landline number	Mobile number	
Profession / Occupation	E-mail (will only be used for personal messages – no advertisement)	

Health Insurance

- Statutory Private - normal tariff Private - basic tariff Private - subsidy

Name of insurance / Please specify benefits and limitations of your plan.

- Privat Payer

Pre-existing diseases

Please answer the following questions. The answers are subject to medical confidentiality, which also applies to our employees. I have/already had the following diseases:

- None of the following diseases
- Heart diseases (e.g., coronary vessel disease, cardiac arrhythmias)
- High blood pressure
- Metabolic diseases (e.g., diabetes, gout)
- Allergies/Intolerances (specify): _____
- Lung diseases (e.g., asthma, bronchitis)
- Joint diseases (e.g., rheumatism, gout, arthrosis)
- HIV
- Other: _____

Medication

- None
- If any, specify: _____

Female Patients: Are you pregnant or do you think you could be pregnant?

- No, I am not pregnant.
- Yes, I am pregnant or could be pregnant.

Date

Name

Signature

Name

Address

DOB

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Dentistry Treatment Agreement

Hereby a treatment agreement is closed between the above-mentioned patient and the dental practice. The official Tariff of German Dentists' Association (GOZ) and the official Tariff of German Doctors' Association (GOÄ) will apply for calculation of physicians' fees. If treatments are not listed in GOZ or GOÄ or if their scope exceeds the framework, the patient will receive a specific cost estimate.

Declaration of consent

Your health insurance has informed you of your health insurance plan restrictions and exclusions. I am aware that all consultations at ZahnZentrum Friedrichshain are billed according to the tariff of German Dentists' Association (GOZ) and the official tariff of German Doctors' Association (GOÄ). Therefore, the basic tariff rate can be increased by three and a half times and cannot be waived by unilateral announcements. Oral side agreements do not apply. In bilingual documents, in case of doubt, the German text is valid.

The patient is personally liable for the costs of the desired medical treatment, as well as for material and laboratory costs arising through treatment regardless of insurance or a subsidy meeting the costs. Costs for material and laboratory (e.g., dental pins, moulding material, parts of implants) will be calculated economically according to the usual terms of our contract laboratory or will be proven by the original invoice of the manufacturing laboratory. On request, quotes may be obtained on your own costs from our suppliers.

Cancellation of appointment

Please mind we run an appointment-based practice and the appointment will be reserved for you. A cancellation earlier than 48 h before the agreed appointment is free of charge. Sundays and public holidays extend the deadline.

If the appointment is not cancelled on time we charge a cancellation fee in the amount of:

- 25,00 € for appointments scheduled up to 30 minutes
- 50,00 € for appointments scheduled more than 30 minutes

Should you cancel the appointment at short notice, the cancellation fee will be waived when you submit a medical sick leave certificate or a certificate issued by an authority in case of car accident, etc... The certificate is only debt-liberating if we have it within 14 days.

Data Protection

I agree that medical findings necessary for my treatment can be obtained in compliance with legal regulations and that my medical and personal data can be stored electronically, be used for evaluations, such as the billing of the payers, and be announced to third parties that are bound to secrecy.

To ease the administrative workload of our dentists and enable them to devote more time to their patients, we have transferred parts of the practice management services, especially IT tasks, to CAPITAL HEALTH Hospital Group, a services provider company. Each employee of the named company has been obliged to confidentiality and is subject to the data protection regulations with the same legal obligations.

Date

Name

Signature

In bilingual documents in case of doubt the German text is valid. This form in German can be found under the following link:

www.zahnarzt-implantat-zentrum.de/fuer-patienten