

Daten Begleitperson:  
AZ oder FZ: \_\_\_\_\_  
Name: \_\_\_\_\_

Daten Patientin / Patient:  
AZ oder FZ: \_\_\_\_\_  
Name: \_\_\_\_\_

## MEMORANDUM PERSON ACCOMPANYING

I wish to be admitted as **person accompanying** the abovenamed patient. If a bed is not available for capacity reasons, I would like to sleep on a lounge or folding bed, if available. I acknowledge that arrangement of the possibility to stay overnight rests with the ward staff.

I have decided

☐ to receive meals ☐ not to receive meals

for the duration of my stay and undertake to pay an additional flat-rate fee for lunch and evening meals **per day** (incl. day of admission and day of discharge) if I wish to receive meals. **This wish is binding for the entire duration of the stay.**

I further acknowledge that my stay (incl. breakfast) will be billed **per night** and I will have to pay the following amounts for this:

The fee depends on the age of the patient

Overnight stay  
(incl. breakfast)  
2021

<input type="checkbox"/>	between the age of 3 and the age of 6	17,27 EUR
<input type="checkbox"/>	between the age of 6 and the age of 10	34,54 EUR
<input type="checkbox"/>	between the age of 10 and the age of 15	48,95 EUR
<input type="checkbox"/>	from the age of 15	57,64 EUR

<input type="checkbox"/>	<b>Fee for further meals per day</b>	<b>18,59 EUR</b>
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All amounts are gross (incl. 10% VAT). Fees may be changed at the end of the year.

I undertake to pay these fees and am making an advance payment in the amount of EUR \_\_\_\_\_ today. Should the advance payment be used up, I undertake to make all further payments promptly.

☐ The fees for my stay will be covered by (insurance, policy number):

Accompanying persons liable for payment **must** in any case visit Admissions/Discharges **on the day of discharge** in order to check if any fees are still outstanding.

Admissions Clerk

\_\_\_\_\_  
First and last name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature