**WRITTEN STATEMENT SPECIAL CLASS / AGREEMENT of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient details: (please write in CAPITAL LETTERS)**

Admitted as an inpatient on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ under file/case reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name and last name (family name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode / City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish

1. on my own behalf (see patient data)

2. on behalf of the patient, in my capacity as legal guardian or legal representative

3. as per written authorisation from the patient

**Details of legal guardian / legal representative / authorised representative: (please write in CAPITAL LETTERS)**

Only fill in when option 2 or 3 has been selected.

First and last name (family name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode / City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

that the patient be admitted to the

S P E C I A L C L A S S,

S P E C I A L C L A S S with single room,

which is hereby agreed to. I explicitly confirm and assure on my behalf or on behalf of the patient that I or the patient I represent have an appropriate (health) insurance contract.

I have read and taken note of the **information sheet on nursing and special class fees and the information on special class treatment as defined under Sections 45 et seq of the Vienna Hospital Act**.

In the event that the private insurance company denies payment of the nursing and special class fees incurred for special class hospital care as well as the special class medical fees as defined under Sections 45 et seq of the Vienna Hospital Act (hereinafter referred to as “costs”) or that the insurance benefits or advance payments are exhausted or if the costs are not or only in part covered by a private insurance policy for any other insurance contract related reason,

I undertake  I declare in my capacity as legal guardian /

legal representative / authorised

representative

that I (if signed in own name) or the patient (if signed as the patient’s legal guardian/legal representative/authorised representative) will bear and pay the costs on first demand, following submission of an appropriate invoice. The hospital will not be liable for the denial of any payment of costs and/or for the fact that the costs might not be covered by a private insurance policy. **If the costs are not covered by a private insurance policy due to insurance contract related reasons, these costs will still be charged** based on the nursing and special class fees incurred for special class hospital care and special class medical fees as defined under Sections 45 et seq of the Vienna Hospital Act.

In the event that I do not act as a legal guardian/legal representative or authorised representative, I take note of and/or agree to the fact that I will bear any costs related to the admission of the patient as an inpatient (i. e. particularly any incurred nursing and special class fees and special class medical fees as defined under Sections 45 et seq of the Vienna Hospital Act) which might not be covered by an insurance policy.

Additionally, it shall be stated that the special class medical fees will be invoiced by the clearing centre operated by Baldinger & Partner Unternehmens- und Steuerberatung GmbH on behalf of the doctors providing the treatment.

As of today, I will deposit the amount of EUR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as an advance payment for nursing and special class fees. By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the latest, a further amount of EUR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be paid to the hospital’s cash office or will be covered by private insurance (name of insurance company and policy number, if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**For the hospital:**  **Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Also state name in **CAPITAL LETTERS**) (Also state first and last name/family name in **CAPITAL LETTERS**)

**Information on special class treatment**

**as defined under Sections 45 et seq of the Vienna Hospital Act**

Admission to the special class is granted to patients who have private health insurance or who wish to be admitted as self-pay patients.

Admission as a special class patient is based on a specific request made by the patient.

For patients who have a private health insurance contract that includes a valid direct billing agreement, costs will be paid by, and in accordance with the provisions of, their private health insurance; patients who have private health insurance without a direct billing agreement and/or patients without private health insurance will be admitted as self-pay patients.

Special-class patients will stay at specially furnished/equipped rooms with not more than two patient beds. Special-class patients have access to TV, radio and telephone without being charged any service or setup fees. If medically justifiable, patients may choose from several meal options. A daily newspaper will be provided on weekdays.

As a special-class patient you take note that your personal data and/or parts of your medical records which are required for billing may be forwarded to the prospective payer of the costs indicated by you, for the purpose of assessing and processing payment claims and for the settlement of your bills.

**Charges for hospital services**

When being admitted to the special class, you undertake – for the event that your private health insurance does not cover your hospital charges or that you do not have private health insurance – to pay for your nursing charges, accommodation charges and single-room charges, if applicable. In consequence, the hospital will send you and/or your private health insurance an invoice for these outstanding payments.

**Medical fee agreement with heads of departments or institutes**

In accordance with Section 45 a, Paragraph 1 of the Vienna Hospital Act, doctors who are entitled to set their own fees (heads of departments and institutes) can charge special-class patients an agreed fee for their services. Medical fees for patients who are insured with an Austrian private health insurer that has a valid direct billing agreement are based on the tariff rates for special-class medical fees negotiated between the Vienna Medical Association and the Association of Austrian Insurance Companies. The rates can be found at the website of the Vienna Medical Association at www.aekwien.at. If there is a valid direct billing agreement, the medical fees will be paid directly by the insurance company to the entitled doctors in accordance with the patient’s insurance cover.

If you are not insured with an Austrian private health insurer and/or your foreign insurer does not have a direct billing agreement with the hospital, the fee agreed upon by the patient and the doctor providing the treatment must be paid by bank transfer to the clearing centre for medical fees upon submission of an invoice, whereby the amount of the fee essentially depends on the extent of the services to be performed. In these cases, patients may also be asked to make an advance payment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in CAPITAL LETTERS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and date