



Medical Treatment Contract

between Dr. Martin Böhringer and

Surname, first name of the patient: _____

Date of birth: _____

Legal representative * _____

Date of birth* _____

*only necessary if the patient differs from the invoice recipient (e.g. a person under 18 years of age, person under disability)

I hereby apply for myself (main insured) or for my relative _____ the medical examination, the therapy and calculation according to the medical fee schedule "Gebührenordnung für Ärzte (GOÄ)" by Dr. Martin Böhringer or his medical representative for the entire treatment period, at least until the end of the year. The opportunity to gain insight into the medical fee schedule is provided at the reception. I agree on receiving an invoice according to the medical fee schedule, in accordance to §§ 1 – 12, excluding §2. I acknowledge that the invoice has to be paid to Dr. Martin Böhringer directly or to the medical clearing office. I commit myself to pay the entire invoice amount without any deduction or discount, regardless of the reimbursement by the insurance. According to the medical fee schedule the invoice is due upon receipt of the invoice.

Herzogenaurach _____
date

signature of the patient or legal representative

Dear patient,

in order to benefit from a workload reduction, we have authorized the medical clearing house PAS Dr. Hammerl (PAS) to take care of our accounting. PAS is subject to the regulations of the EU-DSGVO – as any physician is. Therefore this procedure does not mean any change of the mutual trust between the physician and the patient. The discharge of intensive administrative tasks rather has the consequence that we can use our entire work time for the treatment of our patients. Therefore we kindly ask you to sign the following declaration of consent, so that we can forward the necessary data to PAS. If you have any questions concerning the processing of your data by PAS, please contact the data protection officer:

*PAS Dr. Hammerl GmbH & Co. KG
Datenschutzbeauftragter
Gewerbestraße 21, 86720 Nördlingen
Telefon: 09081 2926-0 oder E-Mail: datenschutz@pas-hammerl.de*

You have the right of access to data, the right to rectification, erasure or blocking, the right of data portability and the right to appeal to the Bavarian Data Protection Authority (BayLDA), Promenade 27, 91522 Ansbach.

In case of not signing this declaration of consent, there will be no consequences regarding your treatment. In this case, the physician will issue the invoice.

Exemption of the medical professional secrecy and Declaration of consent for Data protection regulations

Herewith I declare my approval for the forwarding of my personal data (such as name, date of birth, address, diagnosis, data of treatment and treatment therapy), which is necessary for the assignment of accounts receivable, invoicing and for the enforcement of the claims by PAS. The legal basis of this declaration is my explicit consent (see Art. 9, paragraph 2a DSGVO). This declaration is also valid for future treatments and can be withdrawn at any time, but only with impact on the future.

I agree to the assignment of claims for refinancing purposes to the Commerzbank AG in Frankfurt am Main. I acknowledge that the bank may have access to my personal data.

Furthermore I agree, that PAS becomes the holder of the claims and in case of a different legal conception the medical clearing house is a litigant and the physician would serve as an attestor if necessary. I therefore release my physician from the secrecy obligation, if necessary for the assignment of accounts receivable, invoicing and for the enforcement of the claims.

My data will be deleted after the legal retention period, as long as the invoice has been paid. I hereby confirm the reception of a copy of this declaration of consent.

Herzogenaurach _____
date

signature of the patient or legal representative