

Admission form for physiotherapy patients

_____ Surname	_____ Name	_____ Date of birth
_____ Postal code, City	_____ Street, number	
_____ Phone / Mobile	_____ E-mail	

Important information about treatment in our practice:

1. Schedule new appointments in a timely manner (28-day rule)

According to the German Medical Treatment Catalogue (Heilmittelkatalog), therapy must begin within 28 days of the prescription being issued. Subsequent treatments must also take place within 12 weeks; otherwise, the prescription becomes invalid and must be discontinued.

If a prescription for medical treatment is invalid at the start of the therapy series, we will bill you privately for the appointment(s).

2. Prescription fee payable at the first appointment

Please pay the co-payment according to § 43b SGB V at the first appointment. If the co-payment is lower (e.g., due to a discontinued treatment/no-provision of therapy), you are entitled to a refund. If you are exempt from the co-payment, please present your exemption certificate at reception without being asked.

3. Unable to attend? Please cancel your appointment, otherwise you will be charged

Please cancel appointments at least **24 hours in advance by calling 030 65 01 58 10** – an answering machine is available. **Appointments not canceled in time will be billed** (in the amount of the missed reimbursement from your health insurance). We will cancel appointments by phone, and in exceptional cases, by email. Please check your inbox.

4. Important: Sign for every treatment

The costs for unsigned appointments are not covered by statutory health insurance. We will have to bill you privately for such appointments. Therefore, please ensure you sign for each treatment!

5. Data Protection

The customer/patient agrees that their personal data may be stored, modified, and deleted. The data is protected against misuse in accordance with the General Data Protection Regulation (GDPR). Our complete data protection policy can be found at <http://www.physiotherapie-in-koepenick.de/Datenschutz> or posted next to our reception desk.

I have read and understood the information and hereby agree to the terms and conditions regarding prescription fees, timely appointment cancellation, etc.

Date

Signature of patient



**PHYSIOTHERAPIE
IN KÖPENICK**