

## 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. Pay prescription fee at the beginning

Please pay the prescription fee in accordance with Section 43b SGB V before the second appointment at the latest. If you are exempt from the obligation to pay, please show your exemption card at the reception without being asked.

#### 2. Make new appointments in good time (28-days-rule)

According to the remedy catalog, the therapy must begin within 28 days of the prescription being issued. The next treatment must always take place within 14 days, otherwise the prescription will lose its validity and must be cancelled.

#### 3. Being prevented? Please cancel the appointment, otherwise you will have to pay for it

Please cancel appointments at least 24 hours in advance by telephone on 030 65 01 58 10, an automatic answering machine is activated. We will invoice you for appointments that are not cancelled in good time (in the amount of the costs that the health insurance company has not assumed). Appointments can be cancelled on our part by phone, in exceptional cases also by e-mail – please check your mailbox.

#### 4. Important: Sign for every treatment

The costs for unsigned treatment appointments are not covered by the statutory health insurance. We have to bill you privately for such appointments. Please therefore make sure that you confirm each treatment with your signature!

#### 5. Privacy

The customer / patient agrees that his personal data can be saved, changed and deleted. The data are protected against use in accordance with the General Data Protection Regulation (GDPR). You can find our complete data protection declaration on the web at <http://www.physiotherapie-in-koepenick.de/Datenschutz> or on the notice next to our counter!

**I have read and understood the information, I agree to the agreements on prescription fees, timely appointment cancellation, etc.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient

