



Praxis für Logopädie  
Sivan Raveh-Sappelt

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## Fee agreement for private patients

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### The following positions and prices apply to logopedic treatment (per unit):

- |  |            |
|--|------------|
| • Initial Diagnosis / Anamnesis and treatment planning (60 min.) | 224,00 EUR |
| • Consultation / therapy assessment (45 min.)                    | 138,00 EUR |
| • Speech therapy (45 min.)                                       | 138,00 EUR |
| • Speech therapy (60 min.)                                       | 184,00 EUR |
| • Home visit incl. travel expenses                               | 43,00 EUR  |
| • Speech therapy short report                                    | 77,00 EUR  |

### I have taken note of the above prices and expressly accept them.

The speech therapist expressly points out that the above-mentioned reimbursement rates are higher than the current maximum eligible amounts for a speech therapy treatment and that the patient has no claim for full reimbursement against the state aid office.

It is unknown to the speech therapist whether the patient has a claim for reimbursement under an insurance contract and in what amount. The speech therapist strongly recommends, if not already done in advance, to clarify the reimbursement by the health insurance immediately.

The invoice amount is to be paid to the account indicated below **no later than 7 days after receipt of the invoice.**

In the event of late payment, a processing fee of 8.00 EUR to be paid by the patient will be agreed for payment requests/reminder letters. In the event of non-compliance with the above-mentioned payment deadline, interest shall be charged on the invoice amount in accordance with the statutory provisions.

Place, date

Signature of patient - or - legal guardian

Bank: FYRST

Sivan Raveh-Sappelt IBAN: DE46 1001 0010 0893 5471 37