



Praxis für Logopädie
Sivan Raveh-Sappelt

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Treatment contract

New registration ☐ Readmission ☐

Patient's name Date of birth

Parent/guardian, if applicable

Address:

Phone: Mobile: E-Mail:

Referring doctor:

Kindergarden / School:

How do you know us? Recommendation ☐ Doctor ☐ Internet ☐

Cancellation of treatment appointments

The success of speech therapy treatment depends largely on the active and regular participation of the patient. Therefore, it is important to reliably keep the agreed appointments. My practice is a pure order practice, i.e. the mutually agreed appointments are reserved exclusively for you, which saves you longer waiting times. This agreement not only serves to avoid waiting times in the organizational sense, but also immediately establishes contractual obligations on both sides.

The undersigned therefore undertakes to **cancel appointments** which he/she is unable to attend for good cause **at least 24 hours** before the agreed appointment.

If the cancellation is not made in good time, the undersigned undertakes to pay a **cancellation fee** of **EUR 60.00** (45-minute appointment) or **EUR 80.00** (60-minute appointment) privately as compensation for the cancelled appointment. This applies **regardless of the reason for the cancellation** (e.g., short-term illness, traffic jam, etc.). **A cancellation fee is not subject to the payment obligation of the health insurance.**

The cancellation fee due must be paid no later than the time of your next treatment appointment. The therapy will not be continued until the cancellation fee has been paid. An uninterrupted continuation of your speech therapy treatment is very important for achieving your therapy goal.

In order to avoid a cancellation, I try to occupy at short notice canceled appointments elsewhere. As far as an appointment can be occupied otherwise, the cancellation fee does not apply.

If an appointment has to be canceled on my part, it will be made up.

Place, date

Signature of patient - or - legal guardian

Bank: FYRST

Sivan Raveh-Sappelt

IBAN: DE46 1001 0010 0893 5471 37

Assumption of treatment costs

As a rule, health insurance covers the cost of treatment. For insurance reasons, we can only treat patients with a valid prescription. If this is not available, we will have to invoice you personally for the appointment at the current health insurance rate for the corresponding therapy unit or initial findings. The invoice becomes invalid if a valid prescription for therapeutic products is subsequently submitted. In the case of statutory health insurance prescriptions, the prescription is generally valid for 28 days from the date of issue until the first treatment appointment. There are no requirements for private patients.

Co-payment / Cost absorption

Statutory health insurance companies oblige their members (over 18 years of age and without co-payment exemption) to pay a co-payment of 10.00 EUR and 10% of the treatment costs per prescription.

In the event that you are unable to make the collection in person, we require the following written declaration:

- A person I trust picks up my child/relative/the person I care for on time at the end of treatment
- My child/my relative/the person I care for may leave the practice rooms without supervision at the end of treatment.

Fee agreement for private patients

The contractual relationship exists directly between the patient and the *Praxis für Logopädie Sivan Raveh-Sappelt*. There is no contractual agreement between the cost bearer and the therapy provider, nor is there any official fee regulation. The reimbursement of the insurance company depends on the chosen tariff of the policy holder and the general insurance conditions. Any differences will be borne by you. Please contact your insurance provider as soon as possible to find out whether the treatment will be covered.

Special features aid

The patient receiving the allowance is a private patient. Therefore, all points of the fee agreement of a private patient. The regulations of the aid are internal to the authority. The legal effect is only between the aid authority and the person entitled to the aid, but not to the provider of the treatment. The aid is not a reimbursement of costs. Reimbursement is made by the insurance company in the case of private patients. The difference between the maximum amounts and the actual costs are to be seen as a personal contribution by the person entitled to the allowance, corresponding to the co-payment fee of the health insurance patient.

Disclaimer

To ensure that the practice runs smoothly, please pick up your child/relative/the person in your care **punctually** at the end of treatment.

Our duty of supervision exists during the entire therapy phase, however, neither before nor after. If something should happen to your child/your relatives/the person under your care during this time or if this person destroys something, you are responsible for the **liability**.

House rules for patients and visitors

Entering private rooms is strictly **prohibited** before, during and after treatment.

Consent

I have read and understood the information sheet. With my signature I declare my consent and agree to the treatment.

Place, date

Bank: FYRST

Sivan Raveh-Sappelt

Signature of patient - or - legal guardian

IBAN: DE46 1001 0010 0893 5471 37