

Agreement on inpatient / semi-inpatient / pre-inpatient treatment

Patient label

Or patient number:

Last name, First name:

Date of birth:

Street:

Postal code, City

With this form, admission to inpatient, semi-inpatient, and pre-inpatient treatment at the University Medical Center Göttingen (UMG) is agreed upon.

If the applicant is not the patient, please indicate this below at the designated place.

If a social service provider or other payor cannot be determined, or if the specified payor does not pay the costs or only does so partially, the patient or their legal or authorised representative named below undertakes to pay the costs themselves. In this case, the UMG may request an advance payment.

The patient is hereby expressly advised that, during the stay at the UMG, for technical reasons, no private televisions or mobile or wireless phones may be used. Televisions and phones are available in the rooms.

1. I am aware that a special agreement must be reached on elective services (chief physician treatment). **In the event of treatment in a department headed by a liquidation-authorized physician, a separate agreement is concluded with the latter. In this event, the liquidation-authorized physician and not the UMG is liable personally for possible claims from this treatment relationship. This applies in particular to tort claims for damages. The UMG is not liable in these cases for any culpable violation of medical due diligence.**

2. The General Contractual Terms (GCT) and the Hospital Fee Tariff of the UMG have been disclosed to me, are recognised by me, and are deemed agreed upon with my signature under this agreement.

If the patient is not identical to the applicant

Last name, First name:

Date of birth:

Street:

Postal code, City

The patient to be admitted is

- My wife / husband
 My child

In addition, I hereby apply for the elective services listed below (in accordance with the current Hospital Remuneration Act) at the conditions set out in the General Contractual Terms (GCT) and the Hospital Fee Tariff.

Yes No

- Accommodation in 1-bed room
 Accommodation and meals for a healthy accompanying person, whose stay is not required for therapeutic reasons*
 Nursing services (chief physician treatment) *

*Please complete and sign separate application.

Göttingen, on _____

Per pro. _____

Signature of the employee of the UMG

Signature of the patient or their representative

(Signature of the guardian or the guardians in the case of underage patients)