

Welcome

APPLICATION

Please fill out this form and write legibly. Thank you.
Furthermore may we inform you on some administrative circumstances.

Name

First name

Title

Date of birth

Nationality

Profession

Marital status / Gender

/

Street

ZIP / City / Country

/

/

Telephone / Mobile

/

E-Mail

Children: Name of Mother / Father

Employer + Tel. No.

Insurance

Insurance No.

AHV-No.

Family Doctor

I am in a HMO Model

How did you get to know about us?

- Patient recommendation
- Doctor / therapist referral
- Pharmacy referral
- Media
- Internet
- Speeches
- „Passing by”
- Emergency call

Please turn >

BILLING

The **Swiss Supervisory Authority** for health insurance, SanteSuisse / SASIS, dictates that, based on the Swiss Health Law KVG, billing must be as follows:

Basic Insurance

- ✓ **Conventional school medicine**
- ✓ **Specialists** such as endocrinology, cardiology, dermatology, diabetology, neurology, surgery

Basic insurance + Private

- ✓ **Treatments of chronic disease and health complaints**

Consultation via health insurance until time limit reached according to Tarmed. Rest on private basis.

Basic laboratory mostly via health insurance, special laboratory and treatments privately after cost clarification.

Solely private service

- ✓ **Check up, energy enhancement, Blood Tuning, prevention.**
- ✓ **Treatments by naturopaths**
- ✓ **All Holistic approaches, Aesthetics, Kryotherapy, Environmental and Dental Medicine**
- ✓ **Infusion medicine**
- ✓ **Nutritional supplements**
- ✓ **Conventional medical diagnostics and therapy without mainstream accepted indication**
- ✓ **Iron infusions without health insurance cost approval**
- ✓ **International Patients**

Further information

In the event of no-shows and cancellations within 24 hours before the appointment, you can be charged for the reserved time as a non-compulsory service based on the current private tariff.

E-Mails are generally charged as telephone calls.

All medicinal products and natural products may no longer be taken back by law.

Patient declaration

- I have given my information truthfully and confirm my consent to the modalities mentioned above.
- I personally bear the reimbursement risk on the part of the health insurance companies.
- I allow external institutions to invoice the SGK and carry out debt collection.
- I agree that insurance companies settle directly with the SGK.
- **I would like a copy of the invoice:** YES NO
- Private bills are sent directly to the patient.

I would like a purely private treatment without reimbursement of the insurance.

Private bills can be submitted to your additional insurance for a possible reimbursement.

We will be happy to answer any questions you may have.

I hereby confirm that I have understood and accepted this patient declaration.

**MORE INFO
ON OUR
WEBSITE**

Kilchberg, _____ **Signature:** _____