

# MVZ Dermatologie Südbayern GmbH

## Privatpraxis für Dermatologie und Ästhetische Medizin an der Alten Oper

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### **Cost information/declaration of consent for self-paying patients**

**Name:**

**Date of birth:**

Dear patient

For your information and decision-making, I hereby present the estimated costs for consultation, treatment and any follow-up treatment (cost estimate):

My total fee for the services discussed in detail (e.g. **skin cancer screening**) to you for this treatment day will probably amount to approx. **€ 120,- to € 150,-** per session and will be charged correctly in accordance with the scale of fees for doctors (GOÄ).

**For the sake of good order, I would like to point out that any costs incurred for necessary examinations (e.g. histology or laboratory tests) will be invoiced separately by the respective specialists.**

I would also like to draw your attention to the fact that your obligation to pay for the services you have utilised is independent of the assumption/reimbursement of costs by insurance companies, etc.

**Our General Terms and Conditions apply (see website / notice board).**

Patient declaration:

I have taken note of the above-mentioned cost information / declaration of consent and hereby declare my consent to a treatment contract under the above-mentioned conditions for the above-mentioned services requested by me.

Signatur Patient .....

Dr. med. Ute Falk .....

Frankfurt, .....