

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. **consultation**) to you for this treatment day is

will probably amount to approx. **€ 50,- to € 80,-** 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, (Date)