

Declaration of assumption of costs

Please complete and sign this form and enclose it with the test material or send it by post.

Patient details (please label or print)

Surname:

Name:

Gender: F M

Insurance Number: SVNR / tt mm jjj

Study: Study no.:

EUPID:

Cost unit

Private person Association, organization or other

Name:

Address:

Telephone:

E-Mail:

I hereby declare that I will pay the costs of _____ € (plus 10% VAT)

for the examination _____

ordered by the doctor treating me.

Place/Date

Signature of patient or legal representative

If additional examinations are required that exceed the costs listed above by more than 10%, we will contact you and your doctor to clarify the next steps.

Unfortunately, we currently have no contracts with the health insurance companies. Nevertheless, we suggest that you obtain authorization from your health insurance company for the examination ordered and apply for reimbursement of the costs, as this is in principle one of the services covered by the health insurance companies and there are also corresponding tariff items for this.