



Case number

Name / first name date of birth
Street PO Box Place

Important patient information **before** the agreement for optional medical Services (status 08/2018)

Dear Patient,

You are about to sign a so-called optional services agreement about the separate billing of medical services. For this purpose, it is legally stipulated that every patient must be informed in writing about the fees of optional services and their content in detail **before** concluding the agreement. We would hereby like to comply with this obligation:

The Federal Healthcare Tariff Law or the Hospital Remuneration Act distinguish between general hospital services and optional services.

General hospital services are the hospital services that are required, considering the performance capacity of the hospital on a case-by-case basis according to type and severity of the disease, for the medically appropriate and sufficient care of the patient. If you have statutory health insurance, no separate costs will arise for you for claiming the **general hospital services** with the exception of the statutory additional payments.

Optional services, on the other hand, are extra services beyond the general hospital services. These must be agreed on separately and **paid for by the patient**.

For so-called **optional medical services**, this means that you purchase in addition the personal attention and special expert qualification and experience of the hospital physicians who are entitled to invoice health insurances in their own name, including the services of physicians and institutions under medical direction outside of the hospital, initiated by these physicians. This also applies if the optional medical services are charged by the hospital itself.

It goes without saying that you will be granted all medically required services even without concluding an optional services agreement, but in this case, the person of the attending physician is determined only according to medical necessity.

Specifically, the concrete invoicing depends on the regulations of the **official fee schedule** for physicians/fee schedule for dentists (GOÄ/GOZ). These sets of fees show the following basic system:

In a first column, the billable service is provided with a tariff number. In a second column, this tariff number is assigned the verbal description of the billable services. In a third column, the service is rated with a point value. This point value is a uniform score for the entire GOÄ, which is expressed in Cent. In accordance with §5 Abs. 1 GOÄ, the currently applicable score consists of 5.82873 Cent and according with §5 Abs. 1 GOZ it consists of 5,62421 Cent.



By multiplying point values and score, the price for this service is obtained, which is shown in column 4 of the GOÄ/GOZ.

Example:

| Number | Description of service | Point value | Price (single rate), rounded |
|--------|---|-------------|------------------------------|
| 1 | Consultation – also by means of Telephone - | 80 | 4.66 € |

The thus determined price is the so-called GOÄ single rate. This single rate can be increased by incremental factors. These take into account the difficulty and the time spent for each service or the difficulty of the disease case. Within the normal fee frame, there are incremental factors from single to 3.5 times of the fee rate, for technical services from single to 2.5 times of the fee rate and for laboratory services from single to 1.3 times of the fee rate. The mean value for technical services is at 1.8, for laboratory services at 1.15 and for all other services at 2.3. At the same time, the fees are lowered by 25 % or 15 % in accordance with §6a GOÄ and §7 GOZ.

The fee position that will be billed for your condition and which incremental factors are applied, cannot be predicted. This depends on which single services are specifically rendered in the process of the treatment procedure, the level of difficulty of the services and the time required for them.

Overall, the agreement for optional medical services can mean a not inconsiderable financial burden. Please review if your private health insurance/subsidy or your legal health insurance company covers these costs over a special elective rate pursuant to § 53 SGB V.

If you have additional questions about details, please feel free to contact the staff members of the team hospital billing/private billing at B III1 Erlösmanagement, Albert-Einstein-Allee 29, 89081 Ulm. There, you can also view the GOÄ/GOZ.

Ulm, _____
Datum/time

X _____
signature University Hospital

X _____
signature patient/representative

I am acting as a representative with power of attorney / legal representative / guardian. In case of several representatives I act for all representatives.

Name, first name of the representative

Address of the representative