

Very honoured female patient, very honoured patient,

in the interest of a brisk and correct account creation I work with the

**PrivatVerrechnungsStelle (PVS)**

der Ärzte und Zahnärzte in Niedersachsen (r.k.V.).

I ask you to give by your signature your agreement to convey the data necessary for the account creation by EDP to the test specifications. If you do not agree the passing on of the data or recall the given agreement, no disadvantages develop for you, and I will charge for my achievements themselves.

With the PVS it around an according to professional status organization with seat in Hanover and district places in Aurich, Braunschweig, Goettingen, Hanover, Lueneburg, Oldenburg, Osnabrueck, Stade, Verden and Wilhelmshaven. The PVS stands under medical line and becomes exclusively active after my instructions. It is subjected, like each physician, to the regulations of the medical professional secrecy and the data protection act.

I assigned the test specifications, all work in connection with the rendering of invoice and - treatment to accomplish. The PVS in the context of the guidelines specified in its Abrechnungskodex. For the production of the liquidation, in accordance with §12 of the regulation of charges for physicians (GOÄ)/§10 of the regulation of charges for dentists (GOZ), the data are conveyed to the test specifications.

With kind regards

Your lady doctor/your physician

**patient**

\_\_\_\_\_

last name, name

\_\_\_\_\_

birthday

**payer**

\_\_\_\_\_

last name, name

\_\_\_\_\_

birthday

\_\_\_\_\_

job

\_\_\_\_\_

street

\_\_\_\_\_

postcode /place

\_\_\_\_\_

phone

\_\_\_\_\_

employers

\_\_\_\_\_

medical insurance

\_\_\_\_\_

Date

\_\_\_\_\_

Signatur