



Dear Patient

For the purpose of swift and accurate invoicing, I work in cooperation with the

PrivatVerrechnungsStelle (PVS) of doctors in Lower Saxony (r.k.V.)

I herewith request you to sign the consent for submission of data, required for the electronic invoicing process, to the PVS.

If you do not agree to the submission of the data or revoke the given consent, you will not face any disadvantages and I will personally handle the invoicing for services rendered.

The PVS is a professional organisation based in 30159 Hannover, Osterstr. 60. The PVS is under medical management and only operates according to my instructions. Like every physician, the PVS is subject to the provisions of medical confidentiality and the Data Protection Act. This is safeguarded by the internal data protection officer.

Your personal data will be submitted to the PVS in a digitally encrypted form or delivered by post: name and address, date of birth, period of treatment, diagnosis, medical services and regulations such as the patient's files in case of hospital treatment. The PVS imports the data and issues an invoice according to §12 of the physicians' fee regulations (GOÄ), which will then be forwarded to you. In case of compulsory redemptions, third parties are usually involved. Your data will be deleted, once the invoice has been settled and no further inquiries are expected.

Your signature serves to certify that the absent legal guardian also gives his/her consent.

Yours sincerely
Your doctor

Please sign at the back

Patient

Surname, name

Date of Birth

Person responsible for payment/recipient of invoice

Surname, name

Date of Birth

Occupation

Street

Postal code / Place

Telephone (business)

Telephone (private)

Employer

Medical health insurance / cost bearer

Regular private medical health insurance

Scheme beneficiary

Special insurances: Post B KVB

Special tariffs: basic tariff standard tariff*

*Identification required (present insurance-card or -letter)

Date

Signature