



Agreement before the start of treatment

In the knowledge of my entitlement to necessary and economical treatment under the conditions of statutory health insurance (according to § 12(1) SGBV) and private medical care (§ 1(2) GOÄ), I wish to receive the following diagnostic and therapeutic services and, if applicable, prescriptions for medication.

I am aware that although these services are useful for me, they are not urgently medically necessary and are also not part of any health insurance or private medical care and I am aware that there may be inquiries from statutory health insurance funds, private health insurance funds or state aid offices if the treatment invoice is submitted to them and that reimbursement of these services is therefore not fully guaranteed or may not be possible.

I was informed of this fact in a personal consultation with my doctor before the start of treatment. I hereby declare that I wish to receive these treatment measures in accordance with the following cost calculation.

This request was not made on the initiative of my attending physician.

DESCRIPTION OF SERVICES and COST SCHEDULE

for hormone or screening labwork and preventive measures

in accordance with the information provided and the following invoice for a very detailed medical history and discussion of my complaints and, if necessary, subsequent bloodwork with determination of hormone status and if suggested internal lab parameters.

Dr. med. Harry Tschebiner

MENOPAUSE-CENTER-MUNICH

Item 30 and 31 (detailed anamnesis and discussion of various complaints with risk evaluation of different treatment options) are used as analogous items for a time-consuming and detailed consultation for complex complaints. The costs of the initial consultation amount to € 183.61, the further detailed consultations to € 91.81, labwork costs will be added if necessary. The planned services and their costs were explained to me in detail and I would like them to be carried out at my own expense in accordance with the scale of fees for doctors GOÄ 96.

I am aware that the medication prescribed to me as part of the treatment is not always reimbursable. I have received a copy of this agreement.

Munich _____

Patient _____