

▶ **Additionally for PRIVATE INSURED**

Transfer of personal data Consent form



Dear patient,

Subsequently to your examinations and if applicable your treatments at CBT you will receive a bill.

To minimize administrative efforts the liquidation is performed by ABV (society of physicians accounting – economic counseling – compensation systems GmbH, 45740 Mühlheim a.d. Ruhr, Obere Saarlandstraße 3 and 76255 Ettlingen, Weberstraße 55) in the name of CBT.

Therefore, ABV is your contact for issues concerning outstanding receivables. Because of the cession of medical fees, CBT will only act as a witness in arguable processes. If there are any disagreements you have to deal with ABV. However, the bill will be compiled following instructions of CBT and there will be no additional costs.

To set up the bill a transfer of your personal data like address, date of birth, insurance company, dates of treatment, provided services and diagnoses to ABV is necessary.

All information will be treated considering data safety regulations of the invoicing company. The company is under an obligation to ensure confidentiality and will treat any information confident and use them only for billing and collection.

Hints about costs and absorption of costs

You are obligated to pay the bill of CBT, if your private health insurance does not cover the costs of your treatment and other provided services.

The costs for the examination of a blood coagulation disease for the clarification of a bleeding disorder or thrombophilia usually vary between 1.200 and 1.400 Euros. The amount of charge is not bound to the usage of different factors of private liquidation, but specific examination methods. Billing is based on the scale of charges for physicians (GOÄ) at the usual rate of increase. Therefore, costs can vary between individual questions, especially when genetic examinations are required. The preparation of cost estimates is possible.

Dependent on the clinical question a suitable examination might need to be performed in an external laboratory. In this case, you will receive a separate bill from the external laboratory.

With your signature you agree with this procedure of settlement and the cession of medical fees to ABV for all following medial treatments by us until revocation.

Additionally, you comply with taking over costs from external laboratories.

I agree with the procedure of settlement.
 I am informed about my right of written revocation at any time for future administration according to art. 7 GDPR.
 I received a copy of this form

 Place, date



 signature patient/statutory representative