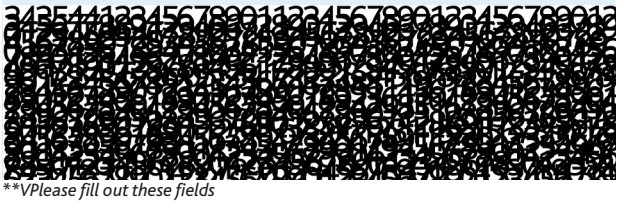
Surname, first name, address of patient **

Born on**



**VPlease fill out these fields

Consent form*

Legal representative (s) in the case of minors / legally incompetent people / people with limited competence

First name

Surname | Date of birth

Street | house no.

Postal code / City

Dienstleister mit geprüftem Datenschutzmanagement
TÜVRheinland ZERTIFIZIERT
www.tuv.com ID 0000044064

Doctor
(practice stamp/clinic stamp)

Dear patient,

We want to focus fully on you and your treatment. This why we have decided to transfer the billing to a competent partner:

BFS health finance

BFS health finance GmbH
Hülshof 24
44369 Dortmund
Tel. 0231-94 53 62-600
Fax 0231-94 53 62-688
patientenservice@meinebfs.de

BFS guarantees the speedy, uncomplicated and accurate processing of your bill. As your friendly and competent partner in all aspects of the billing, it offers partial payment options on request.

In order to enable billing in cooperation with BFS, we require your written consent. We therefore request that you give your consent by signing the adjacent declarations.

Thank you for your confidence.

I confirm my agreement with

- any request by the doctor to the BFS regarding billing through BFS, even before the start of treatment,
- the obtaining of credit information at a credit bureau by BFS (stating the name, date of birth and address of the patient/payer), as far as necessary,
- assignment of claims arising from treatment to BFS,
- further assignment of claims by BFS to the refinancing bank (Landesbank Hessen-Thüringen clearing house)
- transmission of the information necessary for billing and enforcement of claims (eg name, date of birth, address, diagnosis, treatment codes, treatment details and processes) to BFS and possibly to the refinancing bank,
- Temporary use of my data by BFS for testing the development system and optimisating internal billing processes, with subsequent deletion of the data.

I have been informed that BFS will bill me for the services by my practitioner and will claim the invoice amount from me.

If there is a disagreement about the validity of the claim, the medical practitioner may be heard in a possible conflict as a witness.

After the process is complete, the data will be deleted. The statutory retention periods.

Release from confidentiality

I release my medical practitioner, his representatives and BFS from their obligation of confidentiality within the setting described.

The above statements may be revoked in writing with effect for the future.

* Deletions of and/or changes to the foregoing explanations are not permitted and make the consent invalid.