

Admission Form

SPACE FOR
Admission Number Room Number

LABEL
Date Time



I was made aware of the Rudolfinerhaus by

- my physician
- personal recommendation
- the Rudolfinerhaus website
- the media.....
- other

PATIENT DATA

If you have been previously admitted, only the fields marked with ✍ need to be completed. Thank you.

✍ Surname		✍ First Name		Academic Title	<input type="checkbox"/> Male
					<input type="checkbox"/> Female
✍ Date of Birth	Name at Birth	Place of Birth		Religious Affiliation	
				<input type="checkbox"/> Single	
Nationality	Home Address (Street, House No., Door No.)			<input type="checkbox"/> Married	
				<input type="checkbox"/> Widowed	
Country	Postal Code, Town, State/Province			<input type="checkbox"/> Divorced	
Yes, I wish to receive news about the Rudolfinerhaus					
Telephone	Daytime Telephone	E-mail Address (optional)			
Occupation	Photo ID	Number	Date of Issue/Place of Issue		

Relative / Other Contact

Surname		First Name		Acad. Title	Relationship
Home Address (Street, House No., Door No.)				Telephone	
Country	Postal Code, Town, State/Province			Daytime Telephone	

Insurance

<input type="checkbox"/> Compulsory Social Insurance	Insurer		Patient's Soc. Ins. No.	Soc. Ins. No. of the Person Compulsorily Insured
<input type="checkbox"/> Insured under another's policy				
Insured under policy of (Family relationship)	Surname of Person Compulsorily Insured		First Name	Acad. Title
Supplementary Private Insurance				
<input type="checkbox"/> yes - with	<input type="checkbox"/> Allianz	<input type="checkbox"/> Merkur	<input type="checkbox"/> Van Breda	other
<input type="checkbox"/> no	<input type="checkbox"/> Generali	<input type="checkbox"/> Uniqa	<input type="checkbox"/> Wr.Städtische	
<input type="checkbox"/> semi-private room contract	<input type="checkbox"/> private room contract		Policy Number	

We would like to draw your attention to the fact that, in the event of incorrect and/or incomplete answers, we will unfortunately be compelled to bill you directly for any possible extra costs that arise. We ask for your understanding. – Office of the Directors

- 1) In terms of the free choice of my physician I wish to be admitted to the Rudolfinerhaus for in-patient treatment as a patient of

Dr..... (physician of choice)

As a result of this decision a separate contract for the treatment with my physician is in effect. I take note of the fact that the medical services as well as the services of the Rudolfinerhaus have been ordered by my admitting physician. I hereby declare that I agree to all the treatments and examinations that have been ordered by my physician, especially to the taking of blood samples and of blood tests.

- 2) I have taken note of the fees, tariffs, costs and exclusions from insurance coverage in connection with the hospital stay, the terms of §150 of the ASVG (General Social Insurance Law) and the General Terms of Trade for private hospitals in Austria, as well as of physicians' fees as per contractual agreement with the Insurance Association (a posting and/or leaflets can be found in the Admission Office and at the Front Desk).
- 3) I am aware of the fact that my personal data as well as the nature and extent of the medical services and the services of the Rudolfinerhaus will be processed electronically (§22 Data Protection Law); I hereby expressly agree that such processed data, in particular invoices and patient records, may be forwarded to my health insurances.
- 4) With the exception of the compulsory social insurances named in the following, the Rudolfinerhaus will settle directly with all Austrian supplementary private and official social insurances. **Direct settlement is not possible with the following compulsory social insurances: ÖBB/BERGBAU, SGKK and TGKK.** In this case, I am obliged to pay all invoices myself and can file an application for reimbursement with my compulsory social insurance afterwards. Should my supplementary private health insurance not cover the costs, I am also obliged to pay these costs myself.
 - a.) Should I be insured by either the „Sozialversicherungsanstalt der gewerblichen Wirtschaft“, the „Versicherungsanstalt öffentlicher Bediensteter“, or the „Versicherungsanstalt für Eisenbahnen und Bergbau“, I hereby consent that my above-named supplementary private health insurance remits the contractual share of the cost of my special-class stay entirely to the hospital.
 - b.) At the same time I agree that my compulsory social insurance remits the reimbursement directly to my supplementary private health insurance. Claims of mine against the compulsory social insurance for the extra costs of the special-class hospitalization have been taken into account in the premiums and services of my supplementary private insurance.
 - c.) Should the social insurance – for whatever reason, in particular because of arrears in payment of premiums or parts of these (applicable only to those insured by the „Sozialversicherungsanstalt der gewerblichen Wirtschaft“) – not remit the full reimbursement amount, I will be obligated to pay the remaining amount from own resources.
- 5) I commit myself to pay all hospital and physician costs arising from my stay, as well as the expenses for accompanying persons who at my wish receive accommodation with me at the Rudolfinerhaus – in particular if my supplementary private insurance covers the cost only in part or not at all. I am aware of the fact that my supplementary private insurance does not pay the cost of check-ups (if there is no medical indication for in-patient admission) or of measures that could also

be carried out on an out-patient basis. Based on the decision of my admitting physician I nonetheless wish to be admitted as an in-patient.

6) I agree that test results (including my complete patient history) of my in-patient stay and/or treatment in the day clinic may be sent (also electronically) to my private supplementary insurance for review and satisfaction of my claims pursuant to the insurance contract. With regard to possible questions from my social insurance and my private supplementary insurance, I hereby release those questioned (e.g. physicians, other hospital personnel) in advance from their usual professional duty to maintain confidentiality.

7) May all phone calls and visitors be directed to your room? (If you choose "NO" we will implement a non-disclosure-note to your file and no information whatsoever will be forwarded.)

YES NO



8) We are obliged to guard against all circumstances that individual persons might experience as disturbing or that could delay their recovery. We have therefore chosen to be a **smokefree hospital**.

9) There is a safe in your room. For valuables (especially jewelry and cash), we are liable only if these have been deposited in the safe, our liability being limited to the amount of € 530,-. We ask you to deposit larger amounts of money or more valuable objects in our central safe in the Admission Office; otherwise, liability on our part is ruled out. Since the wearing of jewelry is not appropriate during surgery or examinations as well as for medical reasons, we kindly request you to deposit these objects on time, in accordance with their value, in one of the two mentioned safes. In case of loss of the key to the room safe, we must bill you for replacement at our cost price (€ 50,-).

10) Additional food and beverages will be billed separately.

11) **Advanced Payment of Hospital Costs** apply for

- Additional charge for private room and accompanying person (see paragraph 14)
- Private Patients (direct payers) – surgery
 - in accordance with the non-binding estimate of costs
 - in accordance with the Rudolfinerhaus flat rates
- Private Patients (direct payers) – treatment without surgery (surgery without KV)
 - Private room: € 7.000,- (from the 5th day on € 800,- / per day)
 - Semi-private room: € 5.000,- (from the 5th day on € 650,- / per day)
- Patients with BVA insurance only (no supplementary private insurance) € 250,- / per day
- Patients with supplementary private ins. – no 100% guarantee of payment € 200,- / per day

The advanced payment is only a part of the total payment. I have to add to the above mentioned amount as soon as services amounting to 70% of the advance payment have been consumed. In case of a delay of payment the Rudolfinerhaus will charge interest for the delay and authorize a collection agency and / or attorney at law to retrieve the costs. Fees charged by the agency or lawyer have to be paid by the patient.

12) In accordance with § 44.3 of the Vienna Hospital Law the **room prices are calculated for each begun calendar day, which includes full charge for the day of admission as well as the day of discharge (unlike hotel prices, which are calculated per night).**

13) I wish to be accommodated as following (Rates for private patients [direct payers] with and without Austrian compulsory social insurance):

Room Category	with social insurance	without social insurance	Patient's signature
Semi-private room	<input type="checkbox"/> € 433,-/day	<input type="checkbox"/> € 595,-/day	<i>[Signature]</i>
Private room 'Standard'	<input type="checkbox"/> € 586,-/day	<input type="checkbox"/> € 748,-/day	<i>[Signature]</i>
Private room 'Comfort'	<input type="checkbox"/> € 607,-/day	<input type="checkbox"/> € 769,-/day	<i>[Signature]</i>
Private room 'Comfort plus'	<input type="checkbox"/> € 635,-/day	<input type="checkbox"/> € 797,-/day	<i>[Signature]</i>

14) Additional charge for:

<input type="checkbox"/>	Private room 'Standard' (NO accompanying person possible)	€ 153,-/day
<input type="checkbox"/>	Private room 'Comfort' (accompanying person charged additionally)	€ 174,-/day
<input type="checkbox"/>	Private room 'Comfort plus' (accompanying person charged additionally)	€ 202,-/day
<input type="checkbox"/>	Accompanying person € 128,-/day (including accommodation, breakfast, lunch and dinner)	
<input type="checkbox"/>	Our offer for you: one night free for the person accompanying you: (For birth (delivery) before 10pm the first night is free of charge , for birth (delivery) after 10pm also the following night is free of charge ! This offer for the accompanying person ends at 11 am)	
I take note of the fact that I cannot file an application for reimbursement of this additional invoice with my supplementary social insurance.		

I declare that the information I have provided on page 1 is correct and complete to the best of my knowledge and belief. My signature also indicates that I have taken note of paragraphs 1 to 14 as well as of the rules of the house (copies of which are available at the Admission Office).

Vienna, *[Signature]*

Date

[Signature]

Patient's signature

If this form has been completed for the patient by another person please provide the following personal data (name, address, telephone number):

Basically the patient is considered the primary recipient of the invoices issued by the hospital. In the event that the patient does not clear his or her balance with the Rudolfinerhaus, I am, by signing this form, liable to pay the costs accumulated in the course of this admission.

Name:

Address:

Telephone Number:

Signature:

RH-Administrator (Kürzel):