



Registration form for private-insurance patients and self-payers

Our service for simple completion: After downloading to your computer, you do not need to print the form and fill it out by hand – you can fill in the fields directly on your computer. Please then print it out and send us the completed form – five days before your appointment with us at the latest. Thank you very much!

Your personal information

Name, first name	<input type="text"/>	Phone (private)	<input type="text"/>
Date of birth	<input type="text"/>	Phone (mobile)	<input type="text"/>
Street address	<input type="text"/>	Email	<input type="text"/>
Postcode, city	<input type="text"/>	Health insurance	<input type="text"/>
Marital status	<input type="radio"/> Single <input type="radio"/> Married	With aid?	<input type="radio"/> Yes <input type="radio"/> No

Information about your attending physicians

Please specify the name and address of your doctor.

Your GP	<input type="text"/>
Gynaecologist / urologist	<input type="text"/>

Your consent

Thank you for taking the time to read this text carefully. Upon approval, we ask you to tick the respective points.

- I confirm that I have asked the doctors of the Kinderwunsch- & Hormonzentrum Frankfurt (KWZ) to provide me with private medical treatment. Currently, these are: Professor Stefan Kissler, MD, Dr David Sauer, Dr Ines Voß, Dr Verena Fehringer. I am aware that I am obliged to bear the costs of treatment – regardless of possible insurance coverage. This also includes the reimbursement of expenses on the basis of the schedule of fees for physicians (GOÄ). I assure that I will settle the invoices from the KWZ personally and directly – regardless of the services of my health insurance and the agreed insurance coverage. If I am entitled to receive aid, this will also be taken into consideration if individual services of the KWZ are not eligible for aid. I agree to my data being sent in PDF format and through correspondence by email, and I am aware that when sending electronic messages, there is a risk of unauthorised access and exploitation by third parties. So that my patient-related data can be transmitted to an external laboratory, I relieve doctors of their obligation to medical confidentiality. The laboratory doctor will invoice me their services directly.
- I also relieve doctors of their obligation to medical confidentiality so that they can discuss results with my spouse/marriage partner/life partner. This also includes – if necessary – the translation through an interpreter.
- I agree that the doctors of the KWZ can disclose patient-related data in accordance with section 203 of the German Criminal Code to the extent necessary to assert claims for remuneration and other claims, or to avoid claims against the doctors or the KWZ. This also applies in relation to the new partners or the new owners in the event of a change of legal form or if other partners are added and/or the KWZ should be sold in whole or in part.

Date, place

Signature