Registration Form for Patients

Name: _____ First name: _____ Date of birth: _____ / _____ / _____

Nationality: _____ Profession: _____ Marital status: _____ Gender: ☐ M ☐ F

Street: _____ Place: _____ ZIP: _____ Canton: _____

Phone No.: _____ Mobile: _____ Email: _____

Legal representative: _____ Employer and phone no.: _____

Swiss Health Insurance Card No: _____ AHV No.: _____ Policyholder No.: _____

Health Insurance: _____ Supplementary Insurance: ☐ No ☐ Yes, with: _____

Referring Doctor: _____ Family Doctor: _____

I would like the following remuneration system: ☐ Doctor's bill sent to my health insurance (Tiers payant)* ☐ Doctor's bill sent directly to me (Tiers garant)*
I would like bills or copies of bills: ☐ sent electronically* If you do not select an option, bills and copies of bills will be sent by post

In signing below I hereby authorise the doctor to:
- request the health insurer (inter alia using the insurance card according to the online procedure) to provide any data necessary in relation to insurance cover, cost approvals and invoicing;
- pass on any data required for invoicing and collection to MediData AG or to its collection partner, any lawyer involved in the matter as well as the competent state authorities (including in particular debt enforcement offices or courts);
- carry out credit checks in relation to me or to arrange for such checks to be carried out by an appointee, using the necessary data;
- ask to consult medical records concerning me, and to send medical results to the doctor providing follow-up treatment.

By signing, I (or my legal representative) declare that the information provided above is true and that I have understood that the Doctor will send my bills electronically to the insurer via the MediData network and, with the corresponding consent, electronically to me (or my legal representative).

Place / Date: _____ Signature: _____

The processing of your personal data is governed by the doctor's current privacy policy. This privacy policy can be found on the doctor's website or obtained from the practice.

* For the «Tiers payant» and «Tiers garant» settlement systems and electronic transfer, please see overleaf.

Tiers payant: You do not have to pay the bill yourself – Your family doctor sends the bill directly to your health insurance company.

| Doctor | Electronic doctor's bill sent to your health insurance company via the MediData Network. Copy of the bill | Insurance | Payment | Doctor |

Tiers garant: You pay the bill yourself – To obtain a refund you send the reimbursement receipt to your health insurance company.
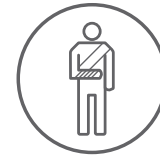
| Doctor | Doctor's bill to the patient | Patient | Payment to doctor / Reclaim from health insurance company | Payment | Patient |

Tiers payant: Doctor's bill sent directly to your insurance company

As the patient, you do not pay the bill yourself. Your doctor sends the bill directly to your health insurance company. The health insurance company transfers the requested amount to the doctor and sends you a bill showing the share of the costs borne by you (excess, deductibles, costs not covered). You are entitled to a copy of the bill.

Tiers garant: You pay the doctor's bill yourself

As the patient you receive the bill directly from your doctor. You pay this bill and then request a refund of what you are entitled to from your health insurance company.

Electronic transfer

In the interests of efficiency and for reasons of security, the documents are sent to the patient and the insurance company via a specialised partner company (MediData). The documents are sent electronically to the patient using the e-mail address and mobile phone number. If the patient uses eBill, the documents can also be sent via eBill. The patient data sent electronically is not subject to substantive examination by MediData. The safety standards are equivalent to those used for e-banking, so that data is sent in encrypted form.