

# Registration for Private Patients

\_\_\_\_\_  
Surname of the invoice recipient – Parents of the child  
Mandatory information **only** in the case of legal representation

\_\_\_\_\_  
First name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Person treated

\_\_\_\_\_  
First name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Postcode

\_\_\_\_\_  
Town/city

\_\_\_\_\_  
Street/house number

\_\_\_\_\_  
Daytime telephone number

\_\_\_\_\_  
Health insurance/financial allowance

## Release from confidentiality obligations and declaration of consent relating to data protection laws

In the interests of all those involved, the administrative process required for invoicing should always be kept as brief as possible.

By signing this document, I release my medical and/or therapeutic provider from his/her confidentiality obligations for this and future treatments and authorise the provision of all data necessary for billing, including medical data, to MEDAS GmbH, Trust Company for Economic Debt Collection and Medical Settlement, Messerschmittstraße 4, 80992 Munich and agree to be invoiced by this company.

I hereby give my consent for any personal data, which is necessary for preparation of the invoice, to be saved and processed by MEDAS GmbH. All data is treated as confidential and is not passed on to third parties under any circumstances. The data will be deleted as soon as or in the event that this is no longer required for the purposes for which it was originally saved or processed. You can revoke your consent at any time in writing with future effect.

In the case of legal guardians, this statement also applies for the treatment data of the child.



\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature patient/payer