

Health insurance or insurance provider:

Patient's details

Surname, first name, address of the patient:

Born on

Details of the invoice recipient*

Surname, first name, address of the legal representative/invoice recipient:

Born on

*Parents/guardian/carer for patients under the age of 18, legally incompetent persons or persons with limited legal competency.

More information about how your personal data is processed can be found online at:
www.healthag.de/datenschutz

Declaration of consent

The patient or, if applicable, the legal representative with sole power of representation states:

I accept

- the disclosure of information necessary for the purposes of billing and the assertion of claims resulting from treatment, including medical data (name, address, date of birth, findings, measures taken and results, courses of treatment), to Health Coevo AG, Lübeckertordamm 1–3, 20099 Hamburg, (short form: Health AG), and that this information may be processed there for this purpose;
- the invoicing by Health AG in its own name and for its own account, as well as assignment of any claim(s) to Health AG,

and thus absolve my practicing doctor/dentist, the professional assistants from the practice/clinic (see stamp) and Health AG from maintaining their duty of confidentiality to the extent that this is necessary for the assertion of the claim(s) by Health AG. I am aware that any objections to the claim(s) are to be raised with Health AG, that it is possible that details of treatment may need to be disclosed and that my practicing doctor/dentist and the professional assistants from the practice/clinic may be called as witnesses in case of a possible dispute with Health AG.

I also agree that Health AG may obtain information concerning my creditworthiness from credit agencies. To this end, CRIF Bürgel GmbH (Leopoldstr. 244, 80807 München) and/or Creditreform Boniversum GmbH (Hellersbergstr. 11, 41460 Neuss) may provide information concerning my address and creditworthiness, including probability values determined using a scientifically recognised mathematical and statistical method. Address details may be used to calculate probability values.

I give my consent voluntarily and am aware that treatment is not subject to my granting consent. My consent also applies to future treatments and can be revoked by me at any time with future effect by contacting my practicing doctor/dentist, the professional assistants from the practice/clinic or Health AG. Data processing carried out prior to my revocation and invoices already issued by Health AG shall remain unaffected.

Date

Practice/clinic stamp

Signature of patient/if applicable,
legal representative

Explanation of the declaration of consent overleaf

Dear Patient,

We wish to concentrate completely on you and your treatment. For that reason, we have decided to transfer the management of our patient invoices to a trusted partner.

Health Coevo AG, or Health AG for short, will enable the swift and accurate processing of your invoices.

This reduces our administrative work, leaving us more time to care for you.

If you have any questions about an invoice or want to pay in convenient instalments, please contact Health AG.

Your data is in good hands with them. Your data will be treated by the company in accordance with the General Data Protection Regulation (GDPR) and the German Federal Data Protection Act (BDSG). It will not be passed on to third parties. We need your written consent in order to enable settlement in cooperation with Health AG. We therefore request that you sign this declaration of consent.

Thank you very much!

Your practice/clinic team

Health Coevo AG
Patientenservice

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