

WRITTEN STATEMENT SPECIAL CLASS on

Admitted as an in-patient on _____ under case ref.:

Patient's name: _____ born on: _____

I, _____ wish,
(first and family names)

☐ on behalf of the patient:

(first and family names)

to be admitted to the,

☐ Special class

☐ Special class single room

I have acknowledged **the instructions relevant to nursing and special class fees, as well as the information about the special class treatment in accordance with §§ 45 et seq Vienna Hospital Act.**

☐ I undertake,

☐ I declare in my function as *see below*,

to ensure that the nursing and special class fees incurred for nursing and treatment in special class, as well as the special class doctor's fees in accordance with §§ 45 et seq Vienna Hospital Act shall be paid by me / the patient / the legal guardian / the legal representations (***delete as appropriate!***) and that outstanding costs shall be paid in the event that private insurance does not cover these, or where insurance benefits and advance payments have been depleted.

As of today, I shall give as advance payment for nursing and premium class fees the amount of EUR _____. By _____ the latest a further sum of EUR _____ will be paid to the hospital clearing center or a written agreement to cover costs from (name of insurance company) _____ policy number _____ shall be presented.

For the clinic:

Signature:

(name ALSO IN CAPITAL LETTERS)

(name ALSO IN CAPITAL LETTERS)

(in the case of signatures by legal guardians or other legal representations, please **indicate their function**)