

Daten Begleitperson:
AZ oder FZ: _____
Name: _____

Daten Patient*in:
AZ oder FZ: _____
Name: _____

MEMORANDUM PERSON ACCOMPANYING on

I wish to be admitted as **person accompanying** the abovenamed patient. If a bed is not available for capacity reasons, I would like to sleep on a lounge or folding bed, if available. I acknowledge that arrangement of the possibility to stay overnight rests with the ward staff.

I have decided

to receive meals not to receive meals

for the duration of my stay and undertake to pay an additional flat-rate fee for lunch and evening meals **per day** (incl. day of admission and day of discharge) if I wish to receive meals. **This wish is binding for the entire duration of the stay.**

I further acknowledge that my stay (incl. breakfast) will be billed **per night** and I will have to pay the following amounts for this:

The fee depends on the age of the patient

Overnight stay
(incl. breakfast)
2024

<input type="checkbox"/>	between the age of 3 and the age of 6	19,80 EUR
<input type="checkbox"/>	between the age of 6 and the age of 10	39,60 EUR
<input type="checkbox"/>	between the age of 10 and the age of 15	56,21 EUR
<input type="checkbox"/>	from the age of 15	66,11 EUR
<input type="checkbox"/>	Fee for further meals per day	20,90 EUR

All amounts are gross (incl. 10% VAT). Fees may be changed at the end of the year.

I undertake to pay these fees and am making an advance payment in the amount of EUR _____ today. Should the advance payment be used up, I undertake to make all further payments promptly.

The fees for my stay will be covered by (insurance, policy number):

Accompanying persons liable for payment **must** in any case visit Admissions/Discharges **on the day of discharge** in order to check if any fees are still outstanding.

Admissions Clerk

First and last name

Signature

Signature