



Patient registration form

→ Please complete and sign this form and return it to us
(by e-mail, post, or in person).

Reason for admission

- Sickness Accident Maternity
 aesthetic procedure/treatment not covered by insurance

Personal data

- male female

Name: _____

First name: _____

Date of birth: _____

Street, building number: _____

Zip code, city: _____

Telephone 1: _____

Telephone 2: _____

E-mail: _____

Hometown (CH): _____

Nationality: _____

Marital status: _____

Family doctor (will be informed about your stay)

Surname, first name: _____

Address: _____

- I don't have a family doctor

Referring physician

(will be informed about your stay)

- The referring physician is the family doctor

Surname, first name: _____

Address: _____

- I don't have a referring physician

Compulsory health insurance

(must be filled in without exception)

Name, city: _____

Insurance card number (only for Swiss insurance companies)

8 0 7 5 6 _____

Insured person number: _____

Supplementary insurance against illness

- General (for all of Switzerland) Semi-private Private

Name, city: _____

Insurance card number (only for Swiss insurance companies)

8 0 7 5 6 _____

Insured person number: _____

Accident insurance (to be filled in only in the event of an accident)

Name, city: _____

Date of accident: _____

Claim number: _____

Supplementary insurance against accidents

- Semi-private Private

Name, place: _____

Insured person's or claim number: _____

Employer

(must be filled in in the event of an accident)

The employer may be contacted by the GZF to clarify the insurance coverage.

Company: _____

Street, building number: _____

Zip code, city: _____

- I am insured under my compulsory health insurance against accidents
(pupils, housewives, pensioners, self-employed workers, etc.)

- I receive unemployment compensation and am thus covered by the SUVA
accident insurance

Contact

Gesundheitszentrum Fricktal AG
Central Patient Admissions Office
Riburgerstrasse 12
4310 Rheinfelden, Switzerland

T + 41 (0)61 835 62 97
patientenaufnahme@gzf.ch

Contact 1

(Contacts may be informed by the hospital about your treatment)

Degree of kinship: _____

Surname, first name: _____

Cell phone: _____

Landline: _____

Note: _____

I do not have a contact person whom I would like to specify.

Contact 2

Degree of kinship: _____

Surname, first name: _____

Cell phone: _____

Landline: _____

Note: _____

General provisions Information to third parties

GZF is obliged to process your personal and case data in compliance with the respective legal requirements and to pass it on to third parties (e.g. to the Federal Statistical Office or to insurance companies for the assessment of their obligation to pay benefits). For compulsory benefits (under KVG [Swiss Health Insurance Act] Art. 25–31, 32–34, 35–41) the medical data (diagnoses and procedures) is automatically transmitted to your insurance company's certified data collection point together with the invoice. You may request that this medical data be sent to your insurer's medical examiner. In this case, please inform our patient admission office in writing no later than on the day of admission.

Furthermore, you agree that your family doctor, the referring physician and any other persons involved in your treatment will be informed about your current treatment. You are obliged to state your correct residential address (at which you are registered) and to notify the hospital of any change of address without delay. The hospital is entitled to obtain information from authorities, if necessary.

Approval of costs

You acknowledge that you are liable to the hospital for the services you request. The GZF tax schedule valid at the time of treatment is applicable. You confirm that you are aware of the scope of your insurance coverage and, in particular, of any limitations in terms of exclusions of benefits. The hospital has no duty to provide clarification. If, at the time of your admission, there is no full approval of the costs and/or no assumption of costs by a funding agency, GZF may request a deposit payment (in the amount of the estimated costs incurred). Services that are not covered by statutory health insurance are generally provided only against advance payment. Other costs not covered by the insurance as well as surcharges for special services (room upgrade, overnight accommodation and meals for accompanying persons, etc.) must be paid by the patient or his/her legal representative no later than on the day of admission.

Invoicing

Compulsory services are settled directly with your insurance company (Tiers payant). You agree to the associated electronic and secured coverage or online query in the insurance card center of all health insurance companies. We keep a copy of the invoice for you and will send it to you on request. We will charge you CHF 50 for a missed consultation appointment which is not canceled 24 hours in advance at the latest. The time limit for payment stated in the invoice is also the time limit for lodging a complaint. By signing this form you acknowledge that the invoice is legally binding upon expiration of the complaint deadline. All disputes arising from or in connection with the treatment relationship between the GZF and the patient shall be governed by Swiss law. The exclusive place of jurisdiction is the Rheinfelden District Court.

Valuables

We recommend that you leave valuables such as jewelry, credit cards, large amounts of cash, and personal items such as cell phones, music players/TV sets, laptops, etc. at home, if possible, and keep dentures, hearing aids, and eyeglasses in their specially designated containers. GZF is not liable for any loss, theft or damage to valuables or personal belongings.

Research data

Based on provisions of law, medical data may be used for quality purposes. The data is passed on in a form that makes it impossible for the processors to draw conclusions about a person's identity. However, if you do not agree to your data being shared for research purposes, you may inform the Central Patient Admissions Office to that effect.

Comments

By signing you declare that the information on the registration form is accurate and confirm that you have taken note of the aforementioned information. Kindly note that you cannot subsequently claim that you were mistaken or that you miscalculated the extent of the insurance coverage.

Place, date: _____

Signature: _____

Contact

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