



## Registration for your inpatient stay

Date of admission: \_\_\_\_\_

### Reason for admission

Illness       Maternity       Accident

### Personal data (tag)

Surname: \_\_\_\_\_

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

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

Tax canton: \_\_\_\_\_  
(if different from place of residence)

Religious denomination: \_\_\_\_\_

### Pastoral care during inpatient stay

The cantonal health law requires GZF to provide pastoral care for patients. This means that at the request of the pastors of the parish offices of the three recognized national churches, the GZF is entitled to disclose your name and address to the respective pastors. You have the right to object to this disclosure of personal data. In this case, please inform our patient admission office in writing no later than on the day of admission.

### For persons residing in an EU/EFTA country

Do you have health insurance coverage in Switzerland?

No  
 Yes (please specify Swiss employer):

Company: \_\_\_\_\_

Street, house number: \_\_\_\_\_

Zip code, city: \_\_\_\_\_

For invoicing purposes, we need a copy of your cross-border commuter permit. Please send this to us at [patientenaufnahme@gzf.ch](mailto:patientenaufnahme@gzf.ch). Alternatively, you are welcome to enclose a copy.

### Free choice of attending physician for patients with semi-private / private insurance

By signing this form, you confirm your consent to the choice of your attending physician. In the event of an emergency admission, you agree that you will be assigned the best-qualified physician. If you wish to veto your assignment to a particular specialist, kindly advise us as soon as possible.

### Desired accommodation class for your inpatient stay

(in case of upgrade, only if the desired accommodation class is available)

Insurance	Desired room	Surcharge
<input type="checkbox"/> General	<input type="checkbox"/> Multi-bed room	–
	<input type="checkbox"/> Two-bed room	CHF 170.–/ night
	<input type="checkbox"/> Family room*	CHF 350.–/ night
	<input type="checkbox"/> One-bed room	CHF 350.–/ night
<input type="checkbox"/> Semi-private	<input type="checkbox"/> Two-bed room	–
	<input type="checkbox"/> Family room*	CHF 150.–/ night
	<input type="checkbox"/> One-bed room	CHF 150.–/ night
<input type="checkbox"/> Private	<input type="checkbox"/> One-bed room	–
	<input type="checkbox"/> Family room*	–

\*Family room: only for women who have recently given birth (incl. 1 accompanying person, please fill in the "Accompanying Person" form)

GZF offers you an upgrade to your desired room whenever possible. You are not entitled to your desired room for the entire duration of your hospital stay. Medical and nursing care as well as hotel services are always provided according to the benefits guaranteed by your insurance coverage.

You acknowledge that you are liable to the hospital for the services you request. The GZF tariff 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 obligation to check the terms of your coverage beforehand.

Please note that without cost approval from your insurance company you will have to pay for any costs of treatment and placement in a higher insurance class yourself. If, at the time of your admission, there is no full approval of the costs and/or no assumption of costs by your service provider, GZF may request an advance deposit payment (in the amount of the estimated costs incurred). Services that are not required to be paid for by 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.**

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

Comments: \_\_\_\_\_

Place, date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Contact

Gesundheitszentrum Fricktal AG  
Riburgerstrasse 12  
4310 Rheinfelden, Switzerland

T + 41 (0)61 835 62 97  
[patientenaufnahme@gzf.ch](mailto:patientenaufnahme@gzf.ch)