

PATIENT STATEMENT: Self-Pay

Patient's Name and Surname:

Date of birth:

ID or passport number:

Nationality:

Residency in the Czech Republic (according to ID):

Expected period of residency in the Czech Republic:

The patient, whose signature is listed below, hereby agrees to pay for the medical care provided to him/her by medical professionals of the Institute of Rheumatology, as he/she has no medical insurance in the Czech Republic.

The patient consents to the extent of medical care proposed to him/her by his/her treating physician (for details see the note below).

The patient will pay, without delay at the cash, the amount billed to him/her on the Invoice issued in the Contracts Office. The bill is due immediately after each completed examination (treatment) he/she received.

The patient is aware and understands that, as per the decision of the Ministry of Finance, 1 treatment point is worth CZK 1.10. The treatment points shall serve as the basis for patient medical care billings.

Prague,.....

.....
Patient's own signature

Note (description of planned examinations, treatments – e.g. biochemical examination, hematological examination, X-ray, ultrasound, osteodensitometry, medical rehabilitation etc.):