mediThera
praxis für physiotherapie & osteopathie

**Registration Form**

Dear patients, we warmly welcome you to our physiotherapy practice. In order to reach you in case of an emergency, we kindly ask you to provide us with your contact details. Your data will of course be kept protected and treated confidentially.

**Please note! By signing this form, you accept our privacy policy.**

First and last name: .....

Address: .....

Date of birth: .....

Phone number: ..... E-mail: .....

Your insurance status: Statutory Private Self-paying

**VERY IMPORTANT!**

We kindly ask you to notify us of any cancellation in a timely manner, **at least 24 hours before** your appointment. This can be done either by e-mail or by phone (answering machine). This allows us to offer the appointment to another patient and to avoid waiting times for others. Appointments cancelled without sufficient notice will be charged to you in accordance with § 615 S. 1 of the German Civil Code (BGB). This means that for physiotherapy prescriptions, we charge the standard statutory rate. For treatments such as osteopathy or other services lasting more than 30 minutes, a fee of €50.00 will apply. We appreciate your understanding.

Patients with statutory health insurance aged 18 and over, unless exempt from co-payments, are required to pay a co-payment of €10 per prescription plus 10% of the prescription value to the practice. If a patient turns 18 during a course of treatment, a 10% co-payment is due for all remaining sessions. For patients with private health insurance, we recommend clarifying the extent of cost coverage with your private health insurer before the start of treatment.

A respectful environment within our practice is very important to us. We therefore wish to point out that we do not tolerate any form of discrimination. Should you behave in a discriminatory manner, we reserve the right to exercise our right to ban individuals from the premises. We want everyone to feel comfortable and safe with us. Finally, we ask you to take note of this information and confirm it with your signature. Should you have any questions, we are of course happy to assist you. Thank you very much for your understanding and cooperation.

Leipzig, ..... Signature: .....

*Your mediThera team*

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