



## Registration form for privately insured clients

*(Please complete in full and return by email to [info@ergotherapie-karlsruhe.de](mailto:info@ergotherapie-karlsruhe.de))*

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### Personal details

**Surname, first name:** \_\_\_\_\_

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

**Full address:**

**Street / house number:** \_\_\_\_\_

**Postcode / Town:** \_\_\_\_\_

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### Details for minors

**Full name of the person registering:** \_\_\_\_\_

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### Contact details

**Telephone (private):** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Telephone (business):** \_\_\_\_\_

**Email:** \_\_\_\_\_

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## Medical information

Referring doctor:

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Diagnosis (according to doctor's prescription) Desired therapy method (if applicable) (neurofeedback training, biofeedback training, concentration group, EST training):

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Private health insurance / allowance:

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### Available appointment times

Please indicate **which days of the week and at what times**

we can schedule you on a regular basis:

Mon \_\_\_\_\_

Tue \_\_\_\_\_

Wed \_\_\_\_\_

Thu \_\_\_\_\_

Fri \_\_\_\_\_

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### Information on prescription of remedies

If you already have a prescription, which remedy was prescribed?

*(Please tick)*

- ☐ Motor-functional treatment
- ☐ Sensory-motor-perceptual treatment
- ☐ Psychological-functional treatment
- ☐ Brain training

**Did the doctor prescribe a home visit?**

- ☐ Yes    ☐ No



## Everyday life & activities

Please list **three activity problems** from your everyday life

or from your child's everyday life:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



## Available documents

- ☐ Medical reports
- ☐ Hospital reports
- ☐ SPZ / Early intervention centre
- ☐ Other: \_\_\_\_\_

*(Please bring any available documents with you to your first appointment)*

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## Pricing

Our practice charges **the standard and reasonable rates for therapeutic services**.

Prices are based on **1.8 times the statutory health insurance rate** – a benchmark that is standard in the private occupational therapy, speech therapy and physiotherapy sectors.

As there is no binding fee schedule in the field of therapeutic remedies, as there is for doctors,

therapists are free to set their prices within reasonable limits.

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## Agreed remuneration rates

The following fees apply to treatments to be carried out according to a doctor's prescription:

- Motor-functional treatment: **94,99€**
- Sensory-motor-perceptual treatment: **126,65€**
- Psychological-functional treatment: **158,31€**
- Brain training: **94,99€**

- Home visit: **45,97€**
  - Medical history/findings (one-off for initial prescription): **69,17€**
  - Doctor's report transfer fee: **20,00€**
  - Sensory-motor-perceptual treatment group (minimum 3 people): **44,33€**
  - Psychological-functional treatment group (minimum 3 people): **77,58€**
  - Psychological-functional treatment group (2 people): **126,65€**
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## **Important information about reimbursement**

Reimbursement by private health insurance companies or subsidy agencies is not guaranteed

and may be denied in whole or in part, depending on the tariff.

Possible reasons for this are:

- Agreed deductibles or maximum reimbursement limits
- Services not included in the tariff
- Individual reviews by the insurance company

**Our invoicing is independent of the reimbursement from your private insurance company.**

**The payment obligation is exclusively towards our practice.**

## **Notes**

- Check your insurance terms and conditions in advance
  - Submit your invoice and documents together
  - Clarify any open questions directly with your insurance company
  - In the event of reductions, please request written confirmation
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## **Practice rules & consent**

☐ I agree to cancel any appointments that I am unable to attend as early as possible.

☐ I am aware that appointments that **are not cancelled by 9:00 a.m. on the day of treatment** will be charged a cancellation fee of **40,00€**. Cancellations after 9:00 a.m. **cannot be taken into account, even in unforeseeable situations.**

☐ I agree to the above **fee rates**.

☐ I release the practice from its duty of **confidentiality towards the prescribing doctor.**

The points ticked above represent our **practice rules**. They form **the basis of our cooperation**. If these rules are not accepted or adhered to, we reserve the right to terminate the cooperation.

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

**Signature of client/legal guardian:**

\_\_\_\_\_

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## ♥ Our approach

**Open, respectful and committed communication** is particularly important to us. You can rest assured that you will receive **high-quality, individualised and professionally** sound treatments from us.

Our pricing and rules reflect our **quality and professionalism**.

If you have any questions, please do not hesitate to contact us at any time – **ideally before the start of treatment by email to: [info@ergotherapie-karlsruhe.de](mailto:info@ergotherapie-karlsruhe.de)**