



Registration form for privately insured clients

(Please complete in full and return by email to info@ergotherapie-karlsruhe.de)



Personal details

Surname, first name: _____

Date of birth: _____

Full address:

Street / house number: _____

Postcode / Town: _____



Details for minors

Full name of the person registering: _____



Contact details

Telephone (private): _____

Mobile: _____

Telephone (business): _____

Email: _____

Medical information

Referring doctor:

Diagnosis (according to doctor's prescription) Desired therapy method (if applicable) (neurofeedback training, biofeedback training, concentration group, EST training. Please note that our neurofeedback training is exclusively focused on concentration and relaxation training, mild to moderate depression, and tinnitus. We do not specialise in the treatment of PTSD, anxiety disorders, severe depression, etc. In the area of biofeedback training, we specialise exclusively in the treatment of migraines.):

Private health insurance / allowance:

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 _____

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)

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.

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€**

! 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

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: _____

Information and consent to the use of unsecure communication channels

I, _____, born on _____, residing at _____, hereby declare that I consent to the transmission of the following personal data (e.g. appointment details, contact details, findings) by the practice "Praxis für Ergotherapie Stefanie Baumann & Renée Weil" via the following communication channels without further security measures and in particular without further encryption.

Email to the following address:

WhatsApp to the following number:

I have been expressly informed by the practice that this transmission channel is not secure and poses risks to my data. I am aware that I can revoke this declaration at any time without giving reasons, with future effect.

Place, date _____

Signature of the patient, legal representative _____



Have you filled everything in?

Please check that you have filled in all the fields. Please note that only correctly completed registration forms can be processed. Thank you for your understanding.

♥ 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**