

Institute of Rheumatology

State-funded institution

Na Slupi 4, 128 50 Prague 2, ID No.: 00023728

PATIENT DECLARATION - PRIVATE PATIENT

Name and surname of patient:

Date of birth:

Passport or ID card number: _____

Nationality: _____

Place of residence in the Czech Republic (as stated in ID document): _____

Expected duration of stay in the Czech Republic until: _____

The undersigned patient declares that he/she is aware of the fact that he/she must pay for the health care he/she requires from the professional staff of the Institute of Rheumatology (hereinafter only the "IR") using his/her own funds, since he/she does not have medical insurance in the Czech Republic.

The patient agrees to the scope of health care proposed by the doctor treating him/her (further details set out in the note).

The patient undertakes to pay the amount marked on the form as "Price" immediately following every completed check-up (or treatment) either to the Institute's cashier or by transferring the amount to the bank account of the IR based on an invoice issued by the financial accounting department using the data in the health insurance company report.

He/she acknowledges that he/she is aware of the IR management's decision to set the price per point at CZK 1.32 for private patients from the Czech Republic, the European Union and contracting states (code ZP 888) or CZK 3 for private patients from non-EU states (code ZP 889).

handwritten signature of the patient

In Prague on:

Note:
concise scope of planned check-up/treatment