

## PRICELIST FOR PAYING PATIENTS

**from EU and contractual countries whose medical care is not reimbursed by Czech medical insurance companies (Code 888) - Year 2021**

**Department of Therapeutic Rehabilitation, No. 902, ID: 02001968, NS 5100**

IDENTIFICATION OF THE PATIENT	
<b>NAME AND SURNAME:</b>	<b>NO. OF THE PATIENT:</b>

	CODE	PROCEDURE	No. of POINTS	PRICE IN CZK
1.	21001	Komplex kinesiologie analysis	450	<b>598,50</b>
2.	21002	Kinesiologie assessment	178	<b>236,74</b>
3.	21003	Follow-up kinesiologie analysis	120	<b>159,60</b>
4.	21017	Assessment by means of equipment	153	<b>203,49</b>
5.	21113	Physical therapy II	73	<b>97,09</b>
6.	21115	Physical therapy III	130	<b>172,90</b>
7.	21117	Physical therapy IV	313	<b>416,29</b>
8.	21211	Type I group therapeutic exercises - 3-5 patients	24	<b>31,92</b>
9.	21213	Type II group therapeutic exercises - 6-12 patients	12	<b>15,96</b>
10.	21215	Therapeutic exercises - instructions provided to the patient and his/her family members	178	<b>236,74</b>
11.	21219	Supervised individual exercise therapy using gym equipment	94	<b>125,02</b>
12.	21221	Therapeutic exercises on neurophysiological basis	570	<b>758,10</b>
13.	21225	Individual therapeutic exercises - conditioning and analytical methods	150	<b>199,50</b>
14.	21413	Soft tissue techniques	89	<b>118,37</b>
15.	21415	Spine and peripheral joint mobilization	190	<b>252,70</b>
16.	21611	Initial ergotherapy assessment	277	<b>368,41</b>
17.	21613	Follow-up ergotherapy assessment	184	<b>244,72</b>
18.	21621	Basic individual ergotherapy	218	<b>289,94</b>
19.	21625	Activities of daily living (ADL) drills	192	<b>255,36</b>
20.	21627	Basic group ergotherapy	91	<b>121,03</b>
21.	21713	Reflexology massage and connective tissue massage	303	<b>402,99</b>
22.	21717	Individual therapeutic exercises to improve locomotion and mobility	89	<b>118,37</b>

23.	44213	PRESSURE CHAMBER or alternately lymphatic swelling TREATMENT UNIT	129	<b>171,57</b>
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**Procedure price = number of points x point price**

**POINT PRICE: 1,33 CZK**

<b>Date:</b>
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<b>STAMP:</b>	<b>SIGNATURE OF THE ATTENDING DOCTOR</b>	<b>TOTAL PRICE:</b>
		(confirm checkout RÚ)