

# PRICELIST FOR PAYING PATIENTS

**from other countries (outside the EU) whose medical care is not reimbursed by Czech medical insurance companies (Code 889) - Year 2023**

**Department of Therapeutic Rehabilitation, No. 902, ID: 02001968, NS 7300**

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>1 800,00</b>
2.	21002	Kinesiologie assessment	178	<b>712,00</b>
3.	21003	Follow-up kinesiologie analysis	120	<b>480,00</b>
4.	21017	Assessment by means of equipment	153	<b>612,00</b>
5.	21113	Physical therapy II	73	<b>292,00</b>
6.	21115	Physical therapy III	130	<b>520,00</b>
7.	21117	Physical therapy IV	313	<b>1 252,00</b>
8.	21211	Type I group therapeutic exercises - 3-5 patients	24	<b>96,00</b>
9.	21213	Type II group therapeutic exercises - 6-12 patients	12	<b>48,00</b>
10.	21215	Therapeutic exercises - instructions provided to the patient and his/her family members	178	<b>712,00</b>
11.	21219	Supervised individual exercise therapy using gym equipment	94	<b>376,00</b>
12.	21221	Therapeutic exercises on neurophysiological basis	570	<b>2 280,00</b>
13.	21225	Individual therapeutic exercises - conditioning and analytical methods	150	<b>600,00</b>
14.	21413	Soft tissue techniques	89	<b>356,00</b>
15.	21415	Spine and peripheral joint mobilization	190	<b>760,00</b>
16.	21611	Initial ergotherapy assessment	277	<b>1 108,00</b>
17.	21613	Follow-up ergotherapy assessment	184	<b>736,00</b>
18.	21621	Basic individual ergotherapy	218	<b>872,00</b>
19.	21625	Activities of daily living (ADL) drills	192	<b>768,00</b>
20.	21627	Basic group ergotherapy	91	<b>364,00</b>
21.	21713	Reflexology massage and connective tissue massage	303	<b>1 212,00</b>
22.	21717	Individual therapeutic exercises to improve locomotion and mobility	89	<b>356,00</b>

23.	44213	PRESSURE CHAMBER or alternately lymphatic swelling TREATMENT UNIT	129	<b>516,00</b>
-----	-------	---	-----	---------------

**Procedure price = number of points x point price**

**POINT PRICE: 4,00 CZK**

**Date:**

STAMP:	SIGNATURE OF THE ATTENDING DOCTOR	TOTAL PRICE:
		(confirm checkout RÚ)