



Agreement on fees

between Kiens Physiotherapie and

Mrs/Mr: _____ Date of Birth: _____

Address: _____

(For patients under age: name, address, and date of birth of parents/legal guardian)

The fees for the service(s) rendered according to the prescription (cf. copy) will be paid per treatment unit.

_____ per _____ €

_____ per _____ €

The practice owner and the patient postulate that the scheduled appointments will be adhered to.

The patient will have to pay the full price for every missed appointment if he/she has not cancelled at least 24 hours in advance. Exceptions will be made if the patient is hindered to give the 24 hour notice by no fault of his / her own.

Invoices have to be paid within 30 days of receipt without deduction.

If the patient fails to pay within this period of time, the payment will be delayed without any further notification from the practice.

By signing this document, the patient confirms that he/she a) has been made aware that in the case of delayed payment,

He / she might not be reimbursed the full amount of costs by his/her health insurance and that b) he/she has been handed a copy of this agreement.

Date: ____ / ____ / ____ Practice: _____

Patient or legal guardian: _____

Copy of the prescription