

Health insurance or insurance provider:

Patient's details

Surname, first name, address of the patient:

Born on

Surname, first name of the legal representative/invoice recipient*

Born on

* Persons under the age of 18/legally incompetent persons/persons with limited legal competency

Practice stamp

Disclosure of address and treatment details

Dear Patient,

Welcome to Pluszahnärzten®. In this expert network, we share the same quality standards and the same philosophy: our thought and our actions always revolve around the patient.

This means that we concentrate fully on looking after the patient. For necessary supportive measures, we also draw on the expert knowledge of OC GmbH, Dienste für Ärzte nach Bedarf, Rezeptionsdienste für Ärzte nach Bedarf GmbH and Health Coevo AG (short form: Health AG). Our service accounting, including fees verification, is handled by OC GmbH, Dienste für Ärzte nach Bedarf and Rezeptionsdienste für Ärzte nach Bedarf GmbH, while Health AG – with your consent – undertakes the subsequent invoicing, including offering patients the option to pay in instalments (also with interest-free arrangements).

Settlement in cooperation with OC GmbH, Dienste für Ärzte nach Bedarf, Rezeptionsdienste für Ärzte nach Bedarf GmbH and Health AG requires your express consent. We therefore ask that you carefully read and sign both declarations. The responsible party for data collection is the dentist named above. Your details fall under a special category of personal data under Article 9 of the GDPR. Such information is in safe hands with all of the companies in our network, and it will be treated in accordance with the General Data Protection Regulation (GDPR) and the German Federal Data Protection Act (BDSG). If you have any questions about the declaration of consent or your invoice, or if you would like to pay in convenient instalments, please contact Health AG.

Thank you very much!

Yours sincerely, Pluszahnärzte®

Please carefully read and sign both declarations of consent on the other side.

Declaration of consent

I hereby expressly consent to

- the dentist contacting OC GmbH, Dienste für Ärzte nach Bedarf and Rezeptionsdienste für Ärzte nach Bedarf GmbH about charges, even before treatment takes place;
- information necessary for invoicing being passed on to OC GmbH, Dienste für Ärzte nach Bedarf and Rezeptionsdienste für Ärzte nach Bedarf GmbH, especially data from my patient file (name, date of birth, address, diagnosis, treatment reference codes/data and treatment procedure);
- processing of the personal data mentioned above by OC GmbH, Dienste für Ärzte nach Bedarf and Rezeptionsdienste für Ärzte nach Bedarf GmbH for the purposes of billing and obtaining anonymized statistics.

I have been informed that OC GmbH, Dienste für Ärzte nach Bedarf and Rezeptionsdienste für Ärzte nach Bedarf GmbH will initially conduct the invoicing process for the treatment provided by my dentist and will then forward the information as per my consent form to Health Coevo AG. I have also been informed that the creation of internal statistics by OC GmbH serves purely to aid company development. I absolve my dentist from maintaining their duty of confidentiality to the extent that this is necessary for the creation of an invoice or internal statistics. This consent also applies to future treatment, and I can revoke it in writing at any time, with effect for the future.

Place, date

Signature of patient/
if applicable, legal representative

OC GmbH
Dienste für Ärzte nach Bedarf
Berliner Allee 61
40212 Düsseldorf

T +49 211 863 271-72
F +49 211 863 271-77
info@oc-dienste.de
www.oc-dienste.de



Rezeptionsdienste
für Ärzte nach Bedarf GmbH
Burgunderstraße 35
40549 Düsseldorf

T +49 (0)211 699 38-510
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infoRD@oc-dienste.de



Declaration of consent

The patient or, if applicable, the legal representative with sole power of representation states:

I accept

- the disclosure of information necessary for the purposes of billing and the assertion of claims resulting from treatment, including medical data (name, address, date of birth, findings, measures taken and results, courses of treatment), to Health Coevo AG, Lübeckertordamm 1–3, 20099 Hamburg, (short form: Health AG), and that this information may be processed there for this purpose;
- the invoicing by Health AG in its own name and for its own account, as well as assignment of any claim(s) to Health AG;

and thus absolve my practising doctor/dentist, the professional assistants from the practice/clinic (see stamp) and Health AG from maintaining their duty of confidentiality to the extent that this is necessary for the assertion of the claim(s) by Health AG. I am aware that any objections to the claim(s) are to be raised with Health AG, that it is possible that details of treatment may need to be disclosed and that my practising doctor/dentist and the professional assistants from the practice/clinic may be called as witnesses in case of a possible dispute with Health AG.

I also agree that Health AG may obtain information concerning my creditworthiness from credit agencies. To this end, CRIF Bürgel GmbH (Leopoldstr. 244, 80807 München) and/or Creditreform Boniversum GmbH (Hellersbergstr. 11, 41460 Neuss) may provide information concerning my address and creditworthiness, including probability values determined using a scientifically recognized mathematical and statistical method. Address details may be used to calculate probability values.

I give my consent voluntarily and am aware that treatment is not subject to my granting consent. My consent also applies to future treatments and can be revoked by me at any time with future effect by contacting my practising doctor/dentist, the professional assistants from the practice/clinic or Health AG. Data processing carried out prior to my revocation and invoices already issued by Health AG shall remain unaffected.

Place, date

Signature of patient/
if applicable, legal representative

More information about how your personal data is processed
can be found online at: www.healthag.de/datenschutz