



## Hospital charges for patients wishing to be treated in a higher class (semiprivate or private) than insurance cover provided.

The hospital charges are in accordance with the ``Waid and Triemli Town Council Hospitals Admission Regulations and Scale of Charges`` dated 15th. March 2012.

### 1. Deposit

Depending on the level of the UPGRADE the following deposit must be paid:

- CHF 30'000.-** UPGRADE from GENERAL to PRIVATE Treatment
- CHF 25'000.-** UPGRADE from GENERAL to SEMIPRIVATE Treatment
- CHF 15'000.-** UPGRADE from SEMIPRIVATE to PRIVATE Treatment

**Follow-up Deposit Payment:** If the treatment charges exceed the deposit amount, the hospital is entitled to demand a **follow-up payment at any time** for charges which have not been covered or may not be covered in the future.

### 2. Additional Rates for Private Insurance

	<b>Additional Daily Rate</b>	<b>Additional Flat Rate</b>
For all Departments	<b>CHF 1'000.-</b>	<b>CHF 4'000.-</b>

*Check-in and check-out days will be charged fully.*

### 3. Additional Rates for Semiprivate Insurance

	<b>Additional Daily Rate</b>	<b>Additional Flat Rate</b>
For all Departments	<b>CHF 700.-</b>	<b>CHF 3'500.-</b>

*Check-in and check-out days will be charged fully*

### 4. Intensive Care Flat Rate

The rate for intensive care amounting to **Fr.5'700.-** will be charged daily and also applies to the observation ward.

### 5. Implantation Charges

Implants will be charged separately according to the **Admission Regulations and Scale of Charges.**

### 6. Ambulance Services

Ambulance transportation will be charged in accordance with the scale of charges of **'Schutz und Rettung' (ambulance service) of the town of Zürich.**

### 7. Doctor's Fees

Doctors` fees will be charged in accordance with the **"Doctors Fees Regulations of the Triemli Municipal Hospital"**

### 8. Change of Insurance Class

If you wish to change your class of treatment from the general or the semiprivate class to the private class during your hospital stay, the total stay **starting from admission day** will be charged according to the private tariff.

### 9. Costs to be paid personally by the patient

All charges not covered by the sickness or Accident Insurance Company.

*Please note that you may well be insured in a different class depending on whether coverage is provided by a sickness or an accident insurance company. Telephone, Drinks etc. (Exception: Mineral Water)*

### 10. Information for Patients

According to cantonal legislation the canton is obliged to bear a proportion of the costs of the patient's treatment, provided that the insured person is insured for general basic insurance with a recognised insurance company. (Cantonal contribution). In order that the canton can review its duty of payment, the hospital when invoicing, is obliged to disclose your name and address according to civil law (tax domicile). No medical data or information is forwarded to the canton (such as type of hospital stay etc.) The amount charged to the canton does not infer in any way what kind of treatment was administered.



**UPGRADE Patient Declaration / Commitment  
 (as from 1st. January 2012)**

- I confirm that I have read and understood the scale of charges and fees on the front side of this form (deposits, follow-up deposit payments, additional semiprivate and private daily rates and flat rates , intensive care flat rates, implantation flat rates, ambulance transport , doctor’s fees) and wish to be **treated as an ‘UPGRADE’ patient.**
- **I am obliged to pay all costs which will not be accepted by the sickness insurance company, the accident insurance company or the canton of residence.**
- I am aware that the sickness insurance companies will not accept any charges relating to **abusive consumption of medicinal products, drugs and alcohol** and that these charges must be paid by the patient.
- I am aware that I have to pay the **complete charges in their entirety** if the sickness insurance company, the accident insurance company or the canton of residence will not accept these charges.
- I consider the **deposit** which I have made as being **a prepayment**. I am obliged to pay all treatment charges which exceed the deposit amount in their entirety, in the case of the sickness insurance company, the accident insurance company or the canton of residence not accepting these charges.
- Depending on the length and progress of treatment the hospital is entitled to request an appropriate additional payment to the deposit. **I am obliged to make this additional payment immediately** or in case of not doing so I must move into the general ward.
- The following charges will be invoiced separately: Ambulance transport (as per item 6), telephone, drinks etc.  
*Exception: mineral water.*

*Please tick as appropriate:*

I would like to undergo  **Semiprivate**  **Private** **treatment.**

Zürich, .....

Name / First Name: .....

Patient’s Signature: .....

**Representative of the Patient:**

If the representative desires that the person represented is to be treated as a general basically insured patient, the representative accepts joint liability for payment of the complete charges as mentioned above

Representative  
 (Joint liability)  
 Name / First Name: .....

Signature: .....