

Hospital Charges in the General Department

(In case of an insurance company which is not recognized by the “Schweizerisches Krankenversicherungsgesetz KVG”)

The hospital charges are in accordance with the “Waid and Triemli Town Council Hospitals Admission Regulations and Scale of Charges” dated 7th and 15th March 2012.

Important: These charges apply to emergency treatment only. If treatment/surgery is provided at the **patient’s own request**, the charges for the **private** department will apply.

1. Deposit

In the following cases a deposit must be paid:

CHF 30’000.- If, upon admission, no comprehensive insurance coverage is available.

CHF 20’000.- If, upon admission, insurance coverage is provided by a non-European insurance company.

CHF 20’000.- If, upon admission, insurance coverage is provided by an insurance company which is not recognised by the European Health Insurance Agreement.

CHF 20’000.- If, upon admission, insurance coverage is solely provided by a travel insurance policy.

Follow-up Payment to Deposit: 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. Basic Insurance: Flat Rate and Daily Rates

	Daily Rate	Flat Rate
Surgery	Fr. 700.-	Fr. 10’500.-
Medicine	Fr. 700.-	Fr. 10’500.-
Paediatric clinic	Fr. 850.-	Fr. 6’000.-
Birth, Gynaecology	Fr. 850.-	Fr. 6’000.-

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

3. Doctor’s Fees

Doctors’ fees will be charged in accordance with the “Doctors’ Fees Regulations of the Triemli Municipal Hospital”

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. Charges to be paid personally by the patient

- All costs which are not covered by the sickness or accident insurance company
- Telephone / TV / Drinks etc.

Patient Declaration/Commitment General Department

(In case of an insurance company which is not recognized by the Schweizerisches Krankenversicherungsgesetz KVG) 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 (daily rate, flat rate, intensive care flat rate, implantation flat rate, ambulance transport, doctors' fees, deposits, follow-up payments to deposit) and wish to be **treated in Triemli municipal hospital**.
- **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.

Zürich,.....

Patient

Signature:

Patient's Representative:

If the representative desires that the person represented is to be treated in Triemli municipal hospital, the representative accepts joint liability for payment of the complete charges and is obliged to pay the deposit as requested by the hospital on first demand.

Representative

(joint liability)

Name / First Name

Signature: