

Patient

Surname First name Date of birth

Payer / Invoice recipient

Surname First name Date of birth

Profession Work telephone number

Street Private telephone number

Postcode / town

Employer

Health insurance scheme / cost carrier

Declaration of agreement

Dear patients,

In order to relieve myself from the increased administrative tasks and to have more time for my patients, I am working together with



This is a subsidiary of a number of joint institutions in my profession which have been founded by doctors and dentists and are also managed by them. Like every doctor and dentist, their employees are subject to the provisions of the duty to confidentiality and data protection. I assign my claims to fees on trust to PVS dental GmbH. This means that PVS dental GmbH will produce the invoices by my order and collect my claims to fees. In the event of litigation, PVS dental GmbH shall be the party in the proceedings and I as a doctor/dentist would be questioned as a witness if necessary.

In any case, I remain in charge of the proceedings. PVS dental GmbH is subject to my instructions. This particularly applies to the amount of the claims to fees.

I request that you grant me your approval - revocable in individual cases - to me forwarding the personal treatment data necessary for the production of the invoice and the assignment of my claims, such as address, date of birth, cost carrier, treatment dates, services rendered according to the Fees Order and matching diagnoses, to PVS dental GmbH with your signature.

Yours sincerely,

Your practice team

Date

Signature