

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, genuine factoring (receivables purchase)

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 to PVS dental GmbH. The latter will produce the invoices and collect the claims to fees for its own account. In the event of litigation, PVS dental GmbH shall be the party in the proceedings and I would be questioned as a witness if necessary.

I request that you grant 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.

At the same time, you authorise me, by your signature, to obtain information about your creditworthiness before the start of the treatment from an information office or a loan protection organisation (CEG Creditreform Consumer GmbH, Schufa).

Transmission of data to the information office or loan protection organisation will be done via PVS dental GmbH, Auf der Heide 2, 65553 Limburg an der Lahn.

Yours sincerely,

Your practice team

Date

Signature