

EXPLANATIONS of Osteopathic Treatment on private doctor's referral

I would like to be treated using osteopathic techniques on private doctor's referral to the Carl Walter Clinic or, as parent, request the treatment for my son/daughter.

I acknowledge that I was informed

- of the hourly rate (**100.00 € with private doctor's referral**) per treatment
- that private or statutory health insurance **may not** cover the costs or reimburse me only **partially**.
- that I must seek clarification from the health fund myself. In the event that **costs are not claimable**, I will **personally** be liable for the treatment costs.
- that **each therapy session** must be paid **in cash** on the day of treatment.
- that I must present the **referral of a doctor**.
- that I will be charged for an appointment that I do not cancel **with adequate prior notice (24 hours)**.
- **Please bring along** for your treatment: MRI/x-ray investigations; blood results if applicable;

Erlangen, dated _____

Signature _____

Private Clinic
Carl Walter
Atzelsberger Str. 26
91080 Marloffstein
Phone: +49 (0)9131-128 378
Fax: +49 (0)9131-128 379

Association Membership
VPT Landesgruppe Bayern
[Bavarian Association of Physical
Therapy]
BVO Bundesverband Osteopathie
[Federal Osteopathy Association]
BAO Bundesarbeitsgemeinschaft
Osteopathie [Federal Osteopathy
Working Group]

Bank Details:
Sparkasse Erlangen
BIC BYLADEM1ERH
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