

## Declaration of Consent

I hereby consent to assume the costs for all services that are being or have been provided

for .....

at the Ambulatorium SONNENSCHN Outpatient Clinic.

if the Ambulatorium SONNENSCHN has not received a confirmation of assumption of costs from the competent social insurance institution, in the form of an authorisation, by the last calendar day of the quarter in question.

### Rates:

Per 50 minute treatment unit:	€	65.00
Per medical examination/consultation:	€	80.00
Per psychological session/consultation:	€	80.00

The Ambulatorium Sonnenschein is financed by contracts with individual social insurance institutions and the Lower Austrian State Government (NÖLR).

**The NÖLR only assumes the costs for patients whose main place of residence is in Lower Austria.**

Patients who are not registered in Lower Austria **cannot**, therefore, be treated by our institution and treatments that are already in progress **cannot** be continued. To enable proper handover to another outpatient clinic, or for the medical treatment to be brought to a sensible conclusion, it is absolutely essential

**that you give the Administration Office notice of changes of address without delay.**

Name: \_\_\_\_\_

St. Pölten, \_\_\_\_\_

Signature: \_\_\_\_\_