

- I hereby give my express consent for Goldenes Kreuz Private Hospital to forward information on my hospital stay and my general state of health, provided that the enquirer knows my name and password:

2. Declaration of consent

I expressly consent to the automated processing of my data and the transfer of this data to legally authorized facilities, to the extent that this is required in connection with my medical treatment.

I agree that my entire medical history relating to my hospital stay at Goldenes Kreuz Private Hospital will also be transmitted in electronic format to my private supplementary health insurance provider and, if necessary, to the arbitration board established by the Vienna Medical Chamber, the Regional Vienna Medical Chamber, and the Austrian Insurance Association. The purpose of the transmission is to ensure assessment and fulfilment of payments to be provided directly to the private hospital under the insurance contract in accordance with the Austrian Insurance Contract Act (VersVG) and the Vienna Hospitals Act (Wr. KAG), and/or the arbitration of disputes in this regard.

I have read this Admission Agreement in its entirety and agree with its contents.

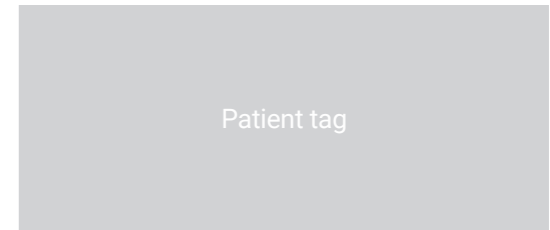
Vienna, on Patient's signature

The undersigned **companion** of the patient is joined as a party to the contractual relationship between the patient and Goldenes Kreuz Private Hospital as **guarantor and party responsible for payment**.

Vienna, on Signature of patient's companion

CASE PROCESSED BY (initials):

Admission Agreement



Dear patient,

We are pleased to welcome you as a patient at Goldenes Kreuz Private Hospital and look forward to making your stay at our hospital as pleasant as possible. Please note the following summary of essential information that you will need for your admission and treatment at our hospital.

Goldenes Kreuz Private Hospital works with **independent attending physicians**. We have given the doctor entrusted by you the right to act as an **attending physician** who is entitled to exercise her/his profession independently and treat her/his patients in our private hospital using our infrastructure. We provide our premises, facilities, and staff to her/him for these purposes. All **medical measures** which take place within the framework of your outpatient or day patient treatment or your inpatient admission are the **responsibility of your physician**, who will also instruct the nursing staff available to her/him and can call in other consultants under her/his own responsibility.

Please note therefore that your medical treatment will be based exclusively on the treatment agreement that you have signed with your physician. This also applies in the event that the attending physician treating you is employed by our facility and/or is one of the chief physicians at our private hospital.

As the attending physician, **your physician will be liable for all aspects of the medical treatment** provided by her/him and by the professionals and staff that she/he consults under her/his own responsibility. Goldenes Kreuz Private Hospital assumes no liability for harm caused by defective medical treatment without exception, including in cases where the treatment was provided by a doctor attributable to our facility.

In addition to the treatment agreement with the attending physician of your choice, you also enter into a **Hospital Admission Agreement** with Goldenes Kreuz Private Hospital in the form of this Agreement, which covers all areas related to your accommodation and catering, care and supervision, as well as the nursing care at our private hospital. We are also responsible for ensuring that our nursing staff have the required qualifications and that the infrastructure at our facility and its organization function perfectly.

By signing this Admission Agreement with our private hospital, you confirm the following:

1. Admission, accommodation, and billing:

I acknowledge that I am obligated to pay the entire costs of the hospital stay and am liable for these costs.

Prior to my admission, I was informed of the nursing fees, facility and special fees for the type of accommodation I had chosen through these being posted in the admissions office. I was also informed by my attending physician of the medical fees and all other fees that will be charged for the treatment in question. I have therefore been informed of the fees to be charged to me based on the existing tariffs. My attending physician is responsible for all costs related to medical matters. Tariff-based and daily allowance insurance policies do not generally cover these costs.

I have been notified of the following billing arrangements in particular:

a) I have private supplementary health insurance

I am aware that the insurance coverage provided by private supplementary health insurance for hospital stays generally **only covers the inpatient treatment required for medical purposes**. Hospital stays for cosmetic treatments, rehabilitation measures, care, and treatment as a consequence of abusive alcohol or narcotic drug use are therefore normally excluded from insurance coverage. I have already clarified the **scope of my insurance coverage** with my private supplementary health insurance company.

In the event that my private supplementary health insurance company refuses to assume an obligation to provide benefits in part or in full for factual or legal reasons, I expressly undertake to pay the costs of inpatient treatment directly to Goldenes Kreuz Private Hospital, less the share to be paid by my social insurance provider. If the social insurance provider refuses to cover the costs of my stay at Goldenes Kreuz Private Hospital, I shall also be obligated to pay these costs to the private hospital myself.

In order to obtain confirmation of cover, data regarding my identity, the insurance relationship, and the diagnosis upon admission (information regarding the reason for the inpatient admission or the outpatient treatment as well as regarding whether the treatment is required as a result of an accident) may be obtained from the insurance provider.

I would like the following accommodation (for patients with supplementary insurance):

| Accommodation request and private room surcharges for patients with supplementary insurance ¹ | Surcharge | |
|--|-----------|---------------|
| <input type="checkbox"/> Private room per day with double room coverage | 290 EUR | incl. 10% VAT |
| <input type="checkbox"/> Superior private room / family room / double room for private use per day with double room coverage | 316 EUR | incl. 10% VAT |
| <input type="checkbox"/> Superior private room / family room / double room for private use per day with private room coverage ² | 75 EUR | incl. 10% VAT |
| <input type="checkbox"/> Double room per day with double room coverage | none | |
| <input type="checkbox"/> Patients' companions per day | 34 EUR | incl. 10% VAT |

¹ In accordance with the Wiener Krankenstaltengesetz (Wr. KAG), both the day of admission and the day of discharge are charged.

² Your supplementary insurance provider shall not reimburse the Superior surcharge for the private room in the case of private room coverage.

Accommodation for a **companion** may be provided depending on available capacities and this shall require accommodation in a private room. The costs of the private room and costs of accommodation for the companion will be charged separately in accordance with the applicable tariffs.

I hereby authorize Goldenes Kreuz Private Hospital to request direct payment on my behalf from my private supplementary health insurance company for the services to be provided by the hospital for my treatment and which are to be billed in accordance with the relevant agreement and/or the applicable tariffs. The hospital's claim to payment shall expire following payment from my private health insurance company to the private hospital, to the extent that the payment is sufficient to cover the costs of my stay (offsetting).

In the event that my social insurance covers a portion of the costs of my treatment in the private special class (Sonderklasse), I agree and authorize the private hospital to ensure that the social insurance provider pays the amount to which I am entitled for treatment directly to my private health insurance company. If the social insurance provider does not transfer the full amount of compensation, I shall also assume the obligation in relation to my private supplementary health insurance company to pay this to my private supplementary health insurance company.

b) Day patient stays

I have been informed that the social insurance and private supplementary health insurance providers will only assume the costs of a day patient hospital stay if this replaces a stay required for inpatient hospital treatment. In the event that my insurance providers refuse to cover the costs of a minor outpatient procedure on the grounds of "inpatient stay not required," I agree that the **costs of the hospital stay will be charged to me for payment by myself**. The medical procedure itself will be covered by private supplementary health insurance if I have an **outpatient agreement** within the scope of my supplementary health insurance.

c) I have no private supplementary health insurance

I confirm that the **tariffs** charged by Goldenes Kreuz Private Hospital were brought to my attention prior to my admission, and expressly declare that I shall reimburse the private hospital for the **costs of inpatient treatment**, less a portion to be borne by my social insurance provider.

d) General billing information

In accordance with Section 44 of the Vienna Hospitals Act (Wr. KAG), the nursing and hospital fees must be paid in full for both the day of admission and the day of discharge. All fees and cost contributions shall be due on the day of the notification of charges by the private hospital and must be paid within 14 days of receipt of the invoice from Goldenes Kreuz Private Hospital. I shall be responsible for paying all reminder and collection charges in the event of default in payment. **We kindly ask you to pay a deposit at the time of admission of 1,500 EUR per planned day of stay if no supplementary health insurance is in place.**

e) Miscellaneous

I have been informed that the Hospital Regulations of Goldenes Kreuz Private Hospital, which I am obliged to observe, as well as the General Terms and Conditions for private hospitals in Austria, which also apply to my hospital stay, are available for inspection in the admissions office. A room safe is available for the safekeeping of money and valuables (liability up to a maximum of 1,000 EUR). Valuables with a value of up to 3,000 EUR may be deposited at the admissions office in return for a confirmation of receipt.

Liability up to the stated value limits shall only be assumed if money and valuables have been locked in the safe or deposited at the admissions office.