

Registration form

For ease of reading, the masculine form has been used throughout this document, but refers to all persons equally, irrespective of gender.

Please complete and/or correct in capital letters

Case number

Patient

Patient number

Name

First name

Date of birth

Street/No.

Postcode/Town

Telephone/Mobile

Nationality

Marital status

Religion

Hometown

Contact person (relative)

Name

First name

Postcode/Town

Street/No.

Telephone

Mobile

Employer

Name

Profession of patient

Town

Referring doctor

Name

First name

Postcode/Town

Street/No.

Telephone

Mobile

Family doctor (automatically receives report from USB)

Name

First name

Postcode/Town

Street/No.

Telephone

Mobile

Is admission to/treatment in hospital due to*

☐ Illness

☐ Accident

Place of accident

Date of accident

Has the accident been registered with accident or health insurance company?

☐ yes

☐ no

Accident insurance:

Company, address, accident No.

Still valid?*

1.

☐ yes

☐ no

2.

☐ yes

☐ no

3.

☐ yes

☐ no

*please put cross in box ☒

Registration form (page 2)

Health insurance: Company, Section, Policy Holder no.

Still valid?*

- | | | |
|---------|------------------------------|-----------------------------|
| 1. | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Insurance covers costs for in-patient treatment in following insurance category:*

☐ General ☐ Semi-private ☐ Private ☐ Switzerland ☐ Canton of residency only

Do you have HMO (Family Doctor Model) insurance? ☐ yes ☐ no

Desired category for in-patient treatment: *

(Upgrade only possible if desired category available)

☐ General ☐ Semi-private ☐ Private

Please note that without prior approval from your insurance company you are liable to pay all costs for upgrade and treatment in a higher insurance category. A deposit commensurate with these costs must be paid before admission or on the day of admission to hospital.

Do you have an Advance Health Care Directive?* ☐ yes ☐ no

Do you have a donor card?* ☐ yes ☐ no

Costs are determined by the current University Hospital Basel (USB) price list.

The USB provides support to patients when settling accounts with health payers, though it cannot assume any liability (for accuracy of information etc.). The patient is solely responsible to the USB for settling his hospital invoice (especially for costs that the health payer does not cover). The USB reserves the right, without incurring costs, to refuse admission (except in the case of emergencies) in the absence of appropriate prior approval from a health payer or a sufficient deposit.

The USB is obliged to process personal and case data in accordance with current legislation and regulations, and to forward such data **to third parties** (e.g. the health insurer for verification of invoices and operating efficiency). The patient can request that his medical data (notably diagnoses and interventions) be exclusively forwarded to the **independent medical examiners** of the respective health insurer. In the absence of contrary instructions (see below) the USB **presumes that the patient** requests that medical data is only to be forwarded to the **independent medical examiners** of the health insurer.

The patient consents to direct settlement with the health and/or accident, invalid or military insurance company as well as online enquiries via insurance holder card (only concerns health and additional insurance).

Swiss law is applicable to any disputes between the patient and the USB arising from or in relation to treatment received. Exclusive place of jurisdiction is the Civil Court of Basel City. The law applicable and place of jurisdiction do not only apply to claims between the parties, but also for any claims that the patient makes against USB employees irrespective of legal foundation.

The USB informs patients that in accordance with the applicable liability rules of the Canton of Basel City, direct claims against USB employees are not possible.

The patient foregoes referral to a non-Swiss court, even if the latter were deemed to be competent by the appropriate authorities.

The signatory below confirms the accuracy of information and legally binding nature of this agreement:

Date Signature

Comments

FACULTATIVE – PLEASE READ THROUGH CAREFULLY

Doctor-patient confidentiality/Data protection

We place great importance on the protection of your privacy and the safe handling of personal data at all stages of processing. If, despite our specific recommendation, you do not wish your personal and case data to be forwarded to the independent medical examiners of the health insurer, but would prefer the data to be sent to the administrative employees of the health insurer, please confirm this request by signing in the space below:

Date Signature

*please put cross in box ☒