



Questionnaire on admission to hospital

Patient Admissions, T +41 61 305 11 22
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Please complete front and back page!

Admission date: _____ Referral reason: Sickness Accident

Attending physician: _____

Surname/Forename: _____ Date of birth: _____

Street/No: _____

Postcode/Town (tax district ¹⁾): _____

Telephone (home): _____ Telephone (mobile): _____

Email: _____ Telephone (work): _____

Gender: male female Nationality: _____

Marital status: single married widowed divorced separated civil partner

Religion: none Ref./Prot./Evang. Roman Catholic Christian Catholic Muslim Jewish other

AHV number (see insurance card): _____

Contact person ²⁾ (Surname/Forename): _____

Telephone/Mobile: _____

Employer: _____

Postcode/Town: _____

Health insurance information is mandatory, including in the case of accidents!

Health insurance (Name/Policy No.): _____

Card No. (see insurance card): _____

Supplemental insurance - sickness (Name/Policy No.): _____

Card No. (see insurance card): _____

Insurance class for sickness: Private Semi-private General whole Switzerland General canton of residence

Flex insurance: Flex Private Flex Semi-private Flex General

Accident insurance (Name/Claim No.): _____

Supplemental insurance - accident (Name/Claim No.): _____

Accident date: _____ Insurance class for accident: Private Semi-private General

Inform the accident insurance / health insurance provider of the accident immediately!

¹⁾ The tax district is vital for correct invoicing.

²⁾ The Clinic may inform the contact person of your treatment.

Important information for patients

Schedule of charges and clarification of assumption of costs

The Clinic has given you the applicable schedule of charges. By signing this form, you confirm that you have read and agree to these charges. By signing, you also confirm that you are aware of the scope of your insurance cover and have clarified the assumption of costs for the planned procedure with the appropriate health or accident insurance provider. The Clinic reserves the right to postpone the planned procedure at short notice without cost implications for the Clinic if, before admission, adequate confirmation of cover from a cost bearer has not been provided or a sufficient prepayment has not been made.

Assumption of costs by the patient

Costs that are not covered by the confirmation of cost reimbursement from your health or accident insurance provider will be billed to you. In some circumstances, the costs to be borne by the patient can total several thousand francs. You are solely responsible for settling the Clinic bill with the Clinic.

Invoicing

Standard benefits are settled directly with the insurer. We will be happy to provide you with a copy invoice on request. The payment term quoted in the invoice is at the same time the time limit for an appeal. By signing this form, you acknowledge that the invoice is legally binding when the time limit for appeal expires. For all disputes, Swiss Law is applicable. The place of jurisdiction is Basel City.

Release from medical confidentiality / Information to third parties

With your signature you authorize Merian Iselin Clinic and the attending physicians to disclose your personal and case details to third parties (e.g. to doctors, insurer, authorities), for example to assess the obligation to perform, and release them from medical confidentiality in this regard. If you expressly request it below, medical data will only be disclosed to the medical officer of your health or accident insurance provider.

You further agree that your referring doctor and any other physicians who may be involved in your treatment may receive a report of your current treatment.

The Clinic may inform the named contact persons of your treatment.

The Clinic requires the residential address (at which you are registered) that is valid at the time of your stay in the Clinic. You must notify the Clinic immediately of any change of address. If necessary, the Clinic is authorized to obtain information from public authorities.

I request that medical data will only be disclosed to the medical officer of my health or accident insurance provider.

Other information

The Clinic cannot accept liability for loss or theft of your cash or valuables.

The Clinic disclaims any and all liability if you fail to comply with medical or nursing instructions.

Information about Merian Iselin Clinic

Are you interested in receiving our newsletter by email?

Yes, I am interested.

No, I am not interested.

Accuracy of the information

By signing this form, you declare that the information provided to the Clinic is accurate and complete.

Place/Date:

Signature:

For minors (under the age of 18) we require the signature of the parent or guardian.