Registration form for private patients at Zurich University Hospital (USZ)

Patient information

....
SURNAME

....
FIRST NAME

....
Date of birth

....
Gender

....
HOUSE NUMBER, STREET / POST CODE / Town

....
Country

....
Email

Information about relatives or legal representative

□ Relative of the patient   □ Legal representative of the patient

....
SURNAME

....
FIRST NAME

....
House number, street / Post code / Town

....
Country

....
Email

The patient is aware that he/she is obliged to pay the costs of the requested treatment to Zurich University Hospital. The direct contact person and addressee is the patient or his/her legal representative if no release is provided.

This form is only valid for the case mentioned on the form and must be filled out again for each new case. The release can be revoked by the patient at any time. A copy of the passports of the patient and his/her legal representative must be enclosed.

The patient confirms to pay the treatment costs according to the tax rules of the UHZ (tax regulations of the University Hospital Zurich (LS 813.155)). Subsequent tariff adjustments are excluded, if legally permissible.

Entry information from USZ (to be filled out by a USZ employee or intermediary)

....
Type of entry

....
Date of treatment

....
Clinic

....
Doctor

....
Patient number

....
Case number

....
Deposit in CHF

Continued on other side =>

Repayment

Should the costs be lower than the deposit paid after final invoicing, the difference will be paid out to the patient or transferred to their bank or Postfinance account. A credit to a credit card can only be made if the deposit was paid using the same credit card.

....
SURNAME of account-holder   FIRST NAME

....
Account-holder's address   Country

....
Name of bank/branch

....
POST CODE / TOWN   COUNTRY

....
Bank sort code   Swift

....
Account no. / IBAN

....
For credit card payment: card-holder's name

....
Card number   Expiry date

Invoice should be sent to the following addressee

□ Patient   □ Legal representative   □ Intermediary

Release from medical confidentiality to the following institution/person

This release form allows USZ to transmit any verbal or written documentation from USZ to the person or institution who is released from medical confidentiality.
The undersigned has been informed that he/she can call in his/her own interpreter during the entire treatment process; he/she will inform USZ of the interpreter's name and address. The costs of the interpreter's services will be carried by the patient.

....
NAME of the company/intermediary   Legal representative

....
HOUSE NUMBER, STREET

....
POST CODE / TOWN   Email

The registration form must be handed to Zurich University Hospital on admission into the hospital, at the latest. The patient confirms the accuracy of the information with his/ her signature. Swiss law is applicable, jurisdiction is the town of Zurich.

....
Place   **Date**   **Signature of patient or legal representative**