

Osteovision Tobias Hopfner & Colleagues

Rosenstr. 6, 80331 Munich
Phone: 0176/63118540; info@osteovision.de
www.osteovision.de

Treatment Agreement

between

Patient:

Mrs/Mr.....date of birth.....
(Last and first name of her patient)

Address:.....Zip Code, City,:

Billing Recipient (if different):

Mrs/Mr.....

Address:.....Zip Code, City,:

Insurance (please provide the name of the insurance below):

privat..... Government Subsidy.....
 Self Pay..... Supplementary Insurance.....

Phone:..... **mobile:**.....

Email:.....

and the above-mentioned naturopathic practitioner.

Billing Information (please check):

Billing is based on the Fee Schedule for Naturopathic Practitioners (GebÜH). This treatment agreement is legally independent of the patient's health insurance contract and reimbursement claims from third parties. The patient hereby confirms the current validity of their health insurance contract. The patient is aware that reimbursement by their health insurance may not cover the full cost, and any remaining invoice amounts are to be paid by the patient. Payment is due upon receipt of an invoice prepared according to GebÜH.

Please turn around →

The **initial treatment** includes a **comprehensive medical history assessment**, which in rare cases, **depending on the necessity**, may also **extend into the first session**. A session typically lasts approximately 50-60 minutes, encompassing a preliminary discussion, a brief review at the end, as well as ongoing therapy planning and scheduling of future appointments.

I acknowledge that the practice operates on an appointment system. This means that the agreed-upon 60-minute appointment in our practice is exclusively reserved for you. However, this also means that if you cannot keep scheduled appointments, you must cancel them **at least 24 hours in advance (including weekends and holidays, preferably via WhatsApp, email, or voicemail)**, so that we can allocate the time reserved for you to others. If the appointment is not canceled in a timely manner, this option is not available.

In case of non-compliance, I reserve the right to charge a no-show fee (damages claim) (default under §615 Sentence 1 of the German Civil Code, § 280 (1) of the German Civil Code). If there is a last-minute cancellation (within the 24-hour window), such as due to illness, unforeseen hospital stays, or a positive PCR Covid-19 test, which can be proven with a medical certificate, we will charge 60% of our hourly rate.

Behandlungshonorar:

The fee for a treatment session is determined by the complexity and ranges between €130 and €150 per session. All therapists are employees of the Tobias Hopfner practice, and therefore, billing is **exclusively handled through Tobias Hopfner**.

Billing is done according to the rates of the Fee Schedule for Naturopathic Practitioners (GebÜH). You can submit this type of invoice to your private insurance, supplementary insurance, or government subsidy office.

Billing is done at a flat reduced rate of €130 per 50-60 minutes or €60 per 25-30 minutes. This type of invoice is suitable for your statutory health insurance (GKV).

Data Privacy: (please check):

Yes, I consent to contact by phone / Email / SMS-MMS / Messenger services (strike un wanted communication methods, if any), as long as they relate to the treatment.

I agree to receive the invoice in PDF format via email.

I acknowledge that health data about me is stored in compliance with data protection regulations in the billing software of SOVDWEAR GmbH (Franckstr.5, 71636 Ludwigsburg) for the purpose of billing.

Notes on the Informed Consent Discussion:

I was informed about the therapeutic approach, discussed the advantages and disadvantages of alternatives, talked about risks, complications, contraindications, and the chances of success. Additionally, we addressed the potential issue of lacking reimbursement, the possibility of insurance rejecting certain therapeutic measures, and the legal representation of minors and individuals under guardianship.

During the informed consent discussion, I had the opportunity to ask all my questions, which were answered comprehensively and in an understandable manner. I have read the associated informed consent form, and I consent to the treatment.

During the medical history assessment, I answered the questions to the best of my knowledge.

I was informed that my health insurance is not obligated to cover osteopathic services. I acknowledge receiving and understanding the patient information regarding data protection.

Location, Date

Patient's Signatures

Practitioner's Signature

Please turn around →

Patient Information

Osteopathy is an independent form of medicine that focuses on identifying and treating functional disorders and their underlying causes. Osteopathic treatment is performed using the hands. The patient is considered as a whole, and prior to treatment, a comprehensive examination is conducted based on the findings and diagnosis.

Applications:

- Functional disorders of the musculoskeletal system
- Functional disorders of the internal organs
- Functional disorders of the nervous system
- Functional disorders of the craniosacral system

Contraindications:

The most important contraindication is an uncertain or unclear diagnosis. Prior to commencing treatment, a thorough assessment must be conducted to ensure that no harm is caused to the patient due to delays in pursuing other appropriate measures.

Osteopathy is contraindicated in:

- Aneurysms
- Acute inflammations
- Infectious diseases
- Febrile (feverish) illnesses
- Fractures
- Tumor diseases
- Cerebral circulation disorders
- Hemophilia
- Thromboses
- Spontaneous hematoma formation

The risks of the treatment include:

- Fatigue, dizziness, headaches, fever
- Sleep disturbances
- Short-term worsening of symptoms or brief acute exacerbation of a chronic inflammation
- Muscle soreness-like pain
- Occasional mild discomfort in the vertebral joints and skin

I hereby confirm that I have been comprehensively and clearly informed verbally by the responsible therapist regarding the examination and treatment through osteopathy, as per the above text.

I wish to proceed with the osteopathic treatment. In case of any health issues, I will immediately inform the therapist or a medical doctor. There is no guarantee of success, as is the case with any reputable form of therapy.