Osteovision Tobias Hopfner & Colleagues

Rosenstr. 6, 80331 Munich

Phone: 0176/63118540; info@osteovision.de

www.osteovision.de

Treatment Agreement HRV Analysis / Hypoxia Training

| between |
|---|
| Patient: |
| Mrs/Mrdate of birth |
| (Last and first name oft 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.

| [] 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. | | | |
| Costs for privately insured patients: | | | |
| [] Hypoxia High-Altitude Training 120-160 € + Equipment Costs approx. 15 € | | | |
| [] HRV Single Analysis 60 − 130 € | | | |
| 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. | | | |
| Costs for self-paying patients: | | | |
| [] Hypoxia High-Altitude Training 150 € (initial appointment) / 110 € (follow-up appoint ment) + Equipment Costs approx. 15 € | | | |
| [] HRV Single Analysis 40 € | | | |
| <u>Data Privacy:</u> (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. | | | |
| [x] 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. | | | |

Contraindications:

| The following conditions are contraindications for altitude training according to Interhypox (International Hypoxia-Hyperoxia Society e.V.). If any of the conditions listed below apply to you, altitude training cannot take place (please check): [] None of the following conditions apply | | | | |
|--|------------------|---|--|--|
| | | | | |
| ternational Hypoxia-Hyperox | ia Society e.V.) | ions for HRV analysis according to Interhypox (In-). If any of the conditions listed below apply to you, ts may be distorted (please check): | | |
| [] None of the following cor | nditions apply | | | |
| [] Atrial Fibrillation [] Absolute Arrhythmias [] Permanently Regulating Pa | acemakers | | | |
| Are you Pregnant? | []Yes | [] No | | |
| During pregnancy, it is not ac | lvisable to und | dergo Hypoxia High-Altitude Training. | | |
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