

## Registration form for patients

**Personal details / patient label** (please complete in block capitals)

First name	Name
Marital status m <input type="checkbox"/> f <input type="checkbox"/> d <input type="checkbox"/>	Date of birth
Street	ZIP / Place
Health Insurance	Swiss Health Insurance Card No
Phone No.	Email
Emergency contact	Phone No.

We bill using the third-party payment method. The invoice goes directly to your health insurance company, which will then request any applicable co-payment from you. You will receive a copy of your invoice electronically

**In signing below, I hereby authorise the Hirslanden OPERA Bern to:**

- request the health insurer (inter alia using the insurance card according to the online procedure) to provide any data necessary in relation to insurance cover, cost approvals and invoicing;
- pass on any data required for invoicing and collection to H-Clearing AG Altendorf or to its collection partner, any lawyer involved in the matter as well as the competent state authorities (including in particular debt enforcement offices or courts);
- carry out credit checks in relation to me or to arrange for such checks to be carried out by an appointee, using the necessary data;
- Ask to consult medical records concerning me, and to send medical results to the doctor providing follow-up treatment..

By signing, I (or my legal representative) declare that the information provided above is true and that I have understood that the Hirslanden OPERA Bern will send my bills electronically to the insurer via H-Clearing AG Altendorf network and, with the corresponding consent, electronically to me (or my legal representative).

The processing of your personal data is governed by the Hirslanden OPERA Bern current privacy policy. This privacy policy can be found on the Hirslanden OPERA Bern website or obtained from the practice.

Place / Date	Signature
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