

SURNAME, NAME OF INSURED	BORN ON
INSURANCE NO.	DATE



## CONSENT TO EXTERNAL INVOICING

### PATIENT DATA/INSURED PERSON'S DATA Please fill out only if not already printed in above field.

NAME	STREET   HOUSE NUMBER
FIRST NAME	POSTCODE   TOWN
DATE OF BIRTH	HEALTH INSURANCE/COST BEARER

### GESETZLICHER VERTRETER

NAME	STREET   HOUSE NUMBER
VORNAME	POSTCODE   TOWN
DATE OF BIRTH	

### PATIENT CONSENT

I hereby consent to transfer of data under the conditions stated in Patient Information and also to assignment of claims resulting from the treatment to the Ärztliche Verrechnungsstelle Büdingen GmbH - Ärztliche Gemeinschaftseinrichtung.

I release my doctor from his/her medical confidentiality insofar as this is necessary for invoicing and enforcement of the claims. I have also received a copy of this consent after signing. The Patient Information was handed to me before signing. I have read and understood it, and confirm its receipt with my signature.

PLACE   DATE	SIGNATURE OF PATIENT/SIGNATURE OF LEGAL REPRESENTATIVE
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\*If only the signature of a person with parental authority is available in the case of minors, this person expressly ensures that the consent of the second person with parental authority is also provided.

# PATIENT INFORMATION TO EXTERNAL INVOICING



büdingenmed

Dear patient,

the **Ärztliche Verrechnungsstelle Büdingen GmbH - Ärztliche Gemeinschaftseinrichtung** (Büdingen Med), Gymnasiumstraße 18-20, 63654 Büdingen, is taking over preparation of fee invoicing and all associated activities. Therefore we would ask for your agreement by signing this patient.

The Ärztliche Verrechnungsstelle Büdingen GmbH is a service provider for doctors, dentists and vets. The company is managed by doctors and is subject to the confidentiality and data protection regulations.

Büdingen Med guarantees correct invoicing of the fees and would be pleased to provide you with all the information you require in connection with the invoice. Büdingen Med will also support you against your health insurance, in-surance or other cost bearers if you have refunding problems.

## OVERVIEW OF INFORMATION ABOUT YOUR DATA:

### DATA.

All patient data in connection with the treatment, especially name, address, date of birth, date of treatment and course of treatment.

### PURPOSE.

Your data is processed in order to draw up the fee invoice. This includes invoicing and enforcement of the claim in addition to printing and postage.

### DISCLOSURE.

Büdingen Med submits the invoice data **without** any of your personal information such as name, date of birth or address encrypted to **PADline GmbH**, Stadtkoppel 45-49 in 21337 Lüneburg. As soon as you submit the original invoice to your private health insurance, you will be able to receive and decrypt your treatment data by scanning the QR-Code on the invoice. Furthermore **DATEV eG** in 90329 Nürnberg will receive your data for the purposes of printing and mailing the invoice.

### LEGAL BASIS.

Your consent is necessary for processing your data.

### RIGHT OF APPEAL.

You have the right of appeal and can enforce this using the responsible supervisory authorities.

### DATA DELETION.

The statutory retention period is ten years from the date of invoice (incl. correspondence). Data will automatically be deleted after expiry of this time limit.

### RIGHT OF CANCELLATION.

Treatment does not depend on this consent. This can be cancelled with immediate effect, and exceptions can also be made for individual treatment cases.

### DATA PROTECTION OFFICER.

Do you have any questions about personal data which has been saved? The Ärztlichen Verrechnungsstelle Büdingen e. V. Data Protection Officer would be pleased to help.

Contact: Ärztliche Verrechnungsstelle Büdingen e. V., Betrieblicher Datenschutzbeauftragter, Gymnasiumstraße 18-20, 63654 Büdingen, dsb@buedingen-intra.de

### SUPERVISORY AUTHORITY.

The Hessian Commissioner for Data Protection and Freedom of Information, Gustav-Stresemann-Ring 1, 65189 Wiesbaden, poststelle@datenschutz.hessen.de

### MANY THANKS FOR YOUR TRUST!

**BÜDINGEN MED**

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