


BERGMANN SHEIL Berufsgenossenschaftliches Universitätsklinikum	<b>Interim Notice</b>
	<b>Treatment of Foreign Citizens without Insurance Cover in Germany</b>

Master Data (to be completed by Secretariat)		
	Patient	Inviter
Surname, first name(s)	Nedev, Tsanko	Bergmannsheil
Sex	m	
Date of birth	08.01.1982	
Street		
Postcode / Town or city	Sofia	
Country	Bulgaria	
Telephone		
Nationality		

Treatment Data (to be completed by Secretariat)	
Planned day of in-patient admission	not
Anticipated main diagnosis (ICD)	Tetraplegie
Planned operation or diagnostic examinations (OPS-301)	
Optional services	<input checked="" type="checkbox"/> standard service <input type="checkbox"/> 2-bed room <input type="checkbox"/> 1-bed room <input type="checkbox"/> with head physician <input checked="" type="checkbox"/> without head physician
Co-admission of accomp. Person	<input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no
Treating clinic /department	RM/NT
Treating physician	Frau Dr. Meindl
Clinic director informed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Date / Signature of treating physician	None

Calculation of Advance Payment (to be completed by Administration)		
Expected length of stay	90 days	
HT RM/NT (SSH)	B61B	26.921,38 €
Zuschläge gesamt		74,07 €
Surcharge for accompanying pers.		
Sub-total:		26.995,45 €
Costs for head physician:		0,00 €
Subtotal:		26.995,45 €
Total		0,00 € 26.995,45 €
Special remarks	<small>On the same day of the admission to the hospital, the sum of this calculation is immediately payable. In case of payment by credit card, the invoice amount will increase by 2.8 %. A fee reduction pursuant to § 6 a GOÄ will not be made. The cost estimate does not include any costs for accessories. Also not included is a change from the patient to another clinic. In case a patient has a positiv MRSA/MRE smear test, we add the fixed surcharge correspondent to our latest price list. On the same day of the admission to the hospital, the sum of this calculation is immediately payable. We indicate, that this calculation is non-binding. If there are medical different from the basis of treatment, the final invoice total can be different from this calculation.</small>	
Date / Signature of hospital administration	BERGMANN SHEIL GmbH Postfach 10 02 50, 44702 Bochum Bürkle-de-la-Camp-Platz 1, 44789 Bochum	

 Berufsgenossenschaftliches Universitätsklinikum Bergmannsheil GmbH Bürkle-de-la-Camp-Platz 1 44789 Bochum	Sitz der Gesellschaft: Bochum Registergericht: AG Bochum HRB: 11167 Steuer-Nr.: 306/5713/0338 UST-Id-Nr.: DE 253171225 IK-Nr.: 260590037	Geschäftsführer: Dipl. rer. soc. Hans-Werner Kick alternierende Vorsitzende des Aufsichtsrates: Elmar Milles, Xaver Schmidt	SEB AG Bochum (BLZ 430 101 11) Kto. 1173 003 500 IBAN: DE70 4301 0111 1173 0035 00 / SWIFT-BIC: ESSEDE5F430 Sparkasse Bochum (BLZ 430 500 01) Kto. 13 170 15 IBAN: DE08 4305 0001 0001 3170 15 / SWIFT-BIC: WELADED1BOC
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