

Fee Agreement for Services Provided by Heilpraktiker (Alternative Practitioners) (Osteopathy, etc.)

Mr./Ms. _____ wishes, for himself/herself

or for his/her child _____,

to receive services from Hartmut Schöffner or Jana Schöffner as a Heilpraktiker (alternative practitioner) for the examination and treatment of his/her complaints, including the use of osteopathic techniques, as well as for curative consultation.

This constitutes a service pursuant to Section 611 of the German Civil Code (BGB) "Service Contract," and the fee is governed by Section 612 BGB. In short: If the patient and the service provider do not reach an agreement on the fee, the customary rate (i.e., amount) is deemed to have been tacitly agreed upon.

Transparency

Billing is carried out, with the aid of the item numbers of the Fee Schedule for Heilpraktiker (GebüH), for the measures that are necessary and applied in the individual case. These measures are strictly based on our diagnostic considerations.

Our fees are within the euro amounts stipulated in the GebüH (most recently updated in 2002).

GebüH available at: <https://www.heilpraktiker.org/gebuehrenverzeichnis-fuer-heilpraktiker>

Note

For self-paying patients, we waive a detailed itemization and charge a flat rate corresponding to the sum of individual GebüH items: **EUR 125.00 per treatment session.**

Exceptions

→ When applying taping, matrix therapy, heat or light therapy, ice application, ear acupuncture, or dry needling, we additionally charge the prices listed in the GebüH for the respective item numbers.

→ For preparation of blood sampling or other laboratory examinations, blood sampling, evaluation of laboratory results, consultation regarding the evaluation (also in written form, one-time), and a treatment plan (also in written form), a flat fee of **EUR 80.00** is charged.

→ General curative consultation = **EUR 80.00.**

Please note the information on invoicing in the treatment contract and the information sheet "Contractual Situation..." available at:

<https://www.schoeffner-physio.de/download>

→ With your signature, you fully acknowledge and accept the procedure described above.

→ You undertake to pay the invoiced amount regardless of the level of any possible reimbursement by your private health insurance or by **Beihilfe** for civil servants.

→ All documents relevant to your treatment (invoice, findings, laboratory reports, evaluations) will be sent to your email address **without password protection**. By signing, you consent to this.

→ If you prefer to receive invoices by post, please check here ☐

→ Postal delivery will be charged at **EUR 2.50** for postage and handling.

→ Invoices are payable immediately. Reminder fees will be charged from the 14th day onward (**EUR 5.00 per reminder**).

→ This fee agreement applies to all treatments in the year of the signature date.

Date _____ Signature of patient or legal guardian _____