



Felvilágosítás az ellátás várható költségéről

(Angol nyelven)

Information on the expected costs of healthcare services

Name of patient:

Date of birth:(day) (month) (year)

Citizenship:

Address:

q First examination

q Further examinations, interventions, treatments, German score:

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q In-patient services:

- HBCS:
- Weighting index:
- Implant, artificial lens, stent:
- Number of chronic nursing days:

q Extra services:

q Accommodation in MedHotel:

q Single-bed room: 15,000 HUF/day

q Double-bed room: 12,000 HUF/day

Based on the above, the expected costs of healthcare services:HUF

Thank you for choosing our hospital for your healthcare needs!

Debrecen, 20.....

..... (place of stamp)

physician providing information

I hereby undertake the costs of the treatment calculated in advance, and agree to pay the amount prior to the commencement of the examination / until the day of admission to the hospital. I will also pay any additional costs incurred in addition until the day of my release from the hospital.

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patient