

## Health insurance fund or payment body

Name, first name and address of the patient

Date of birth

Mandatory field – fill in by hand or print using EDP.  
Have your data changed? Please contact us.

Possibly the legal guardian\* or deviating invoice recipient

Surname, first name

Date of birth

Street

Postcode, town/city

Relationship to the patient:

Parent\*\*  Guardian  Spouse

or

\*\* If joint custody has been agreed this declaration of consent will also be submitted on behalf of the other parent.

# Declaration of consent

I hereby give my consent

- » passing on information, especially data from patient files (name, date of birth, address, results, treatment data and procedures) always required for the billing and assertion of the claims, to the ABZ Zahnärztliches Rechenzentrum für Bayern GmbH (ABZ-ZR) and the processing of these data to be performed there.
- » the possible gathering of information by ABZ-ZR from a credit agency, in order to check my creditworthiness. Upon request, the practice and/or ABZ-ZR shall disclose the name and address of the credit agency.
- » Assignment of claims to ABZ-ZR arising from all treatments.
- » the reassignment of claims by ABZ-ZR to the DZ BANK AG Deutsche Zentral-Genossenschaftsbank, Frankfurt on the Main (DZ BANK) taking place as part of refinancing, whereby I am aware of the fact that in this context, the DZ BANK could request access to the required information granted by the practice according to the first paragraph.

I have been advised that ABZ-ZR will invoice me, my health insurance fund (if direct settlement has been agreed upon) or the responsible payer (statutory accident insurance / social assistance services) for the services of my practice in its own name, and will assert these claims on its own behalf. Should a difference of opinion arise concerning the justification of the claims, the dentist/physician may be heard as a witness in any legal dispute.

I release my dentist/physician as well as ABZ-ZR from the duty of medical confidentiality, insofar as this is necessary for the billing, checking and assertion of claims; also in favour of DZ BANK.

This consent can be withdrawn at any time – however not retroactively. Such a withdrawal of consent must either be declared to the practice or to ABZ-ZR.

I acknowledged the information overleaf on invoicing and data protection. I have received a copy of this declaration of consent.

Place/Date



X

Signature of patient or statutory representative\* and any alternative bill recipient

\*In case of persons who are aged under 18 / incapable of contracting / of limited contractual capability

**ABZR**

Zahnärztliches  
Rechenzentrum  
für Bayern

ABZ Zahnärztliches Rechenzentrum für Bayern GmbH  
Oppelner Straße 3 | 82194 Gröbenzell

## Please note

The translation of our declaration of consent into your mother tongue is a voluntary service on our part. As German law applies, we can only process your declaration of consent if you provide us with this on the German original. We would like to thank you for your understanding in this matter.

Please deliver a copy to your patients.

# Billing and data protection information

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## Dear Patient,

The most important thing for the success of your treatment is that your practice is able to focus on you to 100 percent. In order to have as much time as possible for this, your practice has placed all billing matters in the hands of **ABZ Zahnärztliches Rechenzentrum für Bayern GmbH (ABZ-ZR)**. Billing via ABZ-ZR is, of course, free of charge for you.

ABZ-ZR guarantees correct processing of the billing information provided by your practice. Thanks to decades of experience in billing, ABZ-ZR relieves your practice of much of the administrative work. The time saved is thus completely put to your benefit.

If you have any questions about billing, please do not hesitate to contact the competent ABZ-ZR team. In particular, the specialists will assist you in asserting your claims for reimbursement against health insurance funds or other payment bodies. In addition, ABZ-ZR offers you to pay your bill in instalments.

The law requires that we obtain your written consent to this mode of billing. That is why we kindly ask you to give your consent. For this purpose, please sign the declaration of consent on the front page. ABZ-ZR will process your data for the above-mentioned purposes based on this declaration of consent.

Of course, ABZ-ZR is legally committed to confidentiality. This is overseen by the ABZ-ZR data protection officer. For further information on data protection and your rights, refer to the leaflet "Information on data protection," which your practice will gladly provide, or refer to [www.abz-zr.de/dsgvo](http://www.abz-zr.de/dsgvo).

Thank you very much for your trust.

Contact data of the ABZ-ZR and the data protection officer:



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für Bayern

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