

International Patient Information Checklist

Welcome to the outpatient clinics in Schriesheim and Ludwigshafen! In order to process your request for medical treatment, we ask you to kindly fill in this form with as much detail as possible and send it to our team under the following email: info@neurologie-koenig.de

We are looking forward to receiving your medical request and will be happy to assist you!

In order to process your case, we need precise information regarding your medical request.

Please submit your medical documentation in **English, German or French**. This includes your medical report, as well as relevant laboratory, radiological, histopathology/biopsy, and surgical reports. Please ensure that this information is current.

In the case that you have had radiological scans (MRI/CT/ X-Rays), we need a CD. Please note that pictures of radiological scans in PDF or JPG format are not sufficient for us to thoroughly examine your medical request.

Once we have received your request, our team will review your case with the head of the corresponding medical department. A team of doctors will then create an individualized **treatment plan** based on the medical records you provided. Please understand that this often multidisciplinary process usually takes a few working days. Once a treatment plan has been established, our team will provide you with support in the concrete planning of your stay. Our office will also provide you with a **cost estimate** and an appointment **confirmation letter to apply for your medical visa**.

If you are covered by a **medical insurance provider**, that will be covering your treatment in Germany, we ask that you please submit a copy of your insurance policy with your request. In the case that you **do not have** a medical insurance provider (EU or International) that will cover your medical expenses in Germany, a deposit will be required prior to the start of treatment. The deposit amount is dependent on your individualized treatment plan.

You will receive your **final invoice** with a detailed overview of your payments and medical services after the completion of your treatment.

After your journey home, we will of course continue to be available to answer any questions you may have.

If you are currently residing outside of Germany and are planning to enter the country for medical treatment, you will not be automatically covered by your EU insurance provider. You will first need to apply for an **S2 certificate (portable document S2/ formerly "E112")**. This certificate guarantees coverage of standard benefits for your treatment. Please contact your insurance prior to booking an appointment to see if you are eligible for an S2 certificate.

Please note that the appointment has to be cancelled 4 days in advance otherwise you will be charged with 350 Euros.

1. Patient Information:

Last Name _____
First Name _____
Date of Birth (D.M.Y) _____. _____. _____
Gender: Male ____ Female ____
Street _____ No. _____
Country _____
Postal Code _____ City _____
Telephone _____
E-Mail _____

2. What type of medical treatment are you looking for in our outpatient clinic?

- An Online Appointment (No travel required)
- An Out-patient Appointment in Germany
- In-patient treatment in Germany

- Operation
- Diagnostic Purposes
- Chemotherapy
- OTHER _____

3. Information regarding previous illnesses (e.g. high blood pressure, diabetes): _____

4. Information on previous surgeries (e.g. right knee replacement 2017):

5. In the case of In-patient treatment, is accommodation in a single room desired? Yes _____ No _____

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Known allergies:

7. Have you had any imaging done (MRI/CT/PET/ X-Ray Scans)?

Yes.

In the case that you have had imaging taken, we need an CD. Please note that pictures of DICOM files in PDF or JPG format are not sufficient for us to thoroughly examine your medical request.

No.

8. Current Medication(s): Medication Dosage:

If a Translator/Medical Advisor/Family Member/Friend is helping you submit your medical request, please fill in the following section:

9. Information concerning a Translator/Medical Advisor/Family Member/Friend:

Last Name _____
First Name _____
Street _____ No. _____
Country _____
Postal Code _____ City _____
Telephone _____
E-Mail _____

If you are planning to travel to Germany with an accompanying person, please fill in the following section:

10. Information concerning your accompanying person:

Last Name _____
First Name _____
Country _____
Telephone _____
E-Mail _____

		<input type="checkbox"/>	<input type="checkbox"/>			

11. Required Documents

In addition to this form, we ask that you submit the following attachments:

A legible copy of your passport or identification card

Your complete medical documentation in German, English or French. This includes medical reports from your doctor, laboratory reports and analyses of any imaging/scans. Please insure that this information is current.

If applicable, a legible copy of the passport or identification card of your accompanying person

Thank you for your request. We look forward to welcoming you as an International Patient in our clinic.

Please note that the appointment has to be cancelled 3 days before otherwise you will be charged with 250 Euros.