

MEDICAL INVOICE / ARZTRECHNUNG

DR. ANNA SCHMIDT MEDICAL CENTER

PRIVATÄRZTLICHE PRAXIS

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Tax ID (Steuer-Nr.): DE123456789

Provider ID: PRV-8845

Medical License: 12345-BY

INVOICE / RECHNUNG

Invoice Number: INV-2024-8892

Invoice Date: 13.10.2024

Due Date: 12.11.2024

PATIENT INFORMATION / PATIENTENINFORMATION

Patient Name: Hans Mueller

Date of Birth: 15.03.1978

Age: 46 years

Address: [Patient address on file]

Insurance Policy Number: HK-2024-001234

Patient ID: PAT-001234

PROVIDER INFORMATION / ARZTINFORMATION

Attending Physician: Dr. med. Anna Schmidt

Specialty: Internal Medicine (Innere Medizin)

Medical Registration: Munich Medical Association

Date of Service: 12.10.2024

Time of Service: 10:30 - 11:15 AM

DIAGNOSIS / DIAGNOSE

Primary Diagnosis: Z00.00 - General medical examination without complaint, suspected or reported diagnosis

ICD-10 Code: Z00.00

Clinical Notes: Routine annual health examination, patient in good general health

SERVICES RENDERED / ERBRACHTE LEISTUNGEN

Date	GOÄ Code	Procedure Code	Description	Qty	Unit Price	Total
12.10.2024	GOÄ 01	01010	General Consultation Initial consultation and comprehensive physical examination Duration: 45 minutes	1	€85.00	€85.00
12.10.2024	GOÄ 3560	02100	Blood Test - Complete Panel Complete blood count (CBC) and comprehensive metabolic panel Laboratory analysis including: glucose, cholesterol, liver enzymes, kidney function	1	€120.50	€120.50
12.10.2024	GOÄ 651	03050	ECG - Electrocardiogram 12-lead electrocardiogram with medical interpretation Cardiac rhythm and function assessment	1	€65.00	€65.00

FINANCIAL SUMMARY / RECHNUNGSBETRAG

Description	Amount
Subtotal (Services)	€270.50
VAT (7% reduced rate for medical services)	€18.94
TOTAL AMOUNT DUE	€289.44
Currency	EUR

PAYMENT INFORMATION / ZAHLUNGSIONFORMATIONEN

Payment Terms: Due within 30 days of invoice date

Payment Due Date: 12.11.2024

Bank Transfer Details / Bankverbindung:

Account Holder: Dr. Anna Schmidt Medical Center

Bank: Deutsche Bank München

IBAN: DE89 3704 0044 0532 0130 00

BIC/SWIFT: DEUTDEMM

Reference: Please include Invoice No. INV-2024-8892

Alternative Payment Methods:

- Cash payment accepted at clinic
- EC-Card (Debit card) accepted
- Credit card payments accepted (Visa, Mastercard)

INSURANCE INFORMATION / VERSICHERUNGSGSINFORMATIONEN

Insurance Type: Private Health Insurance

Policy Holder: Hans Mueller

Policy Number: HK-2024-001234

Insurance Company: [To be submitted by patient]

Note: This invoice may be submitted to your private health insurance for reimbursement according to your policy terms. Please retain original receipt for your records.

MEDICAL NOTES / MEDIZINISCHE ANMERKUNGEN

Clinical Findings:

- Blood pressure: 125/80 mmHg (normal range)
- Heart rate: 72 bpm (regular rhythm)
- Temperature: 36.8°C
- Weight: 78 kg, Height: 175 cm, BMI: 25.4

Laboratory Results:

- Blood work results will be available within 2-3 business days
- Patient will be contacted if any abnormal values require follow-up
- Normal ECG findings, no cardiac abnormalities detected

Recommendations:

- Continue regular exercise and healthy diet
- Annual follow-up examination recommended
- Contact clinic if any concerning symptoms develop

TERMS AND CONDITIONS / GESCHÄFTSBEDINGUNGEN

- 1. Payment Terms:** Payment is due within 30 days of invoice date. Late payment may result in additional charges according to German law (Verzugszinsen).
- 2. Dispute Resolution:** Any disputes regarding this invoice should be addressed within 14 days of invoice date.
- 3. Medical Records:** Patient medical records are maintained according to German medical privacy laws (Ärztliche Schweigepflicht) and GDPR regulations.
- 4. Insurance Claims:** Patients are responsible for submitting claims to their insurance providers. This invoice serves as official documentation for reimbursement purposes.
- 5. Appointment Cancellation:** Future appointments must be cancelled at least 24 hours in advance to avoid cancellation fees.

PRIVACY STATEMENT / DATENSCHUTZERKLÄRUNG

This medical invoice contains confidential patient information protected under German medical privacy laws (§203 StGB - Ärztliche Schweigepflicht) and EU General Data Protection Regulation (GDPR).

Data Protection: Personal and medical information is processed solely for medical treatment, billing, and legal compliance purposes. Data is stored securely and access is limited to authorized medical and administrative personnel.

Patient Rights: Patients have the right to access, correct, or request deletion of their personal data in accordance with GDPR Article 15-17.

Data Retention: Medical records and billing information are retained for the legally required period under German law (10 years minimum).

Contact for Privacy Concerns: privacy@schmidt-medical.de

CERTIFICATION / BESCHEINIGUNG

I hereby certify that the medical services listed on this invoice were personally provided or supervised by me on the date specified, and that the charges are in accordance with the German Medical Fee Schedule (GOÄ - Gebührenordnung für Ärzte).

Provider Signature:

Dr. med. Anna Schmidt
Specialist in Internal Medicine
Medical License No.: 12345-BY
Date: 13.10.2024

CLINIC STAMP:

[Official clinic stamp would appear here]

CONTACT INFORMATION / KONTAKTINFORMATIONEN

For billing inquiries: billing@schmidt-medical.de

For medical questions: praxis@schmidt-medical.de

Emergency contact: +49 (0) 89 1234-9999 (24/7)

Office Hours:

- Monday - Friday: 8:00 - 18:00
- Saturday: 9:00 - 12:00
- Sunday: Emergency only

END OF INVOICE

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