

Appendix 1

Additional payment rules for those with statutory health insurance

(Section 39 paragraph 4 SGB V)

Dear Patient,

According to the regulations set out in Section 39 paragraph 4 of Volume V of the Social Insurance Code (SGB V), those with statutory health insurance who have turned 18 are obliged to contribute to hospital costs from the start of full inpatient hospital treatment for a maximum of 28 days within a given calendar year.

The additional payment obligation is 10 euros per calendar day for a maximum of 28 days per year.

If you have to be transferred from another hospital or another rehabilitation clinic to the Paulinenkrankenhaus, the date of admission to the Paulinenkrankenhaus is included.

The invoice for the additional payment will be sent to your home after you have been discharged. Please transfer the additional payment amount to the account indicated on the invoice/payment slip. The additional payment will be forwarded to the health insurance provider by the Paulinenkrankenhaus.

If you are exempt from additional payments or you have already paid some of the amount, please provide evidence of this to reception on your arrival.

Best wishes,

The Hospital Management

Appendix 2

Patient information on data protection at Paulinenkrankenhaus

Dear Patients,

As part of your treatment and care at the Paulinenkrankenhaus, we need to process personal and medical information concerning you.

This information sheet aims to provide you with a guide, according to Articles 13 and 14 of the EU General Data Protection Regulation and taking into account the relevant implementation instructions of the German Hospital Association,

- (1) to the processes during which your data are collected and sent and the purpose for which they are collected and sent
- (2) to the sources from whom we obtain data about you
- (3) to the manner in which access to your data is regulated
- (4) to the people to whom your data are sent
- (5) to the legal basis that are relevant to the processing of your data
- (6) to the rights you have as a data subject
- (7) to how you can contact the Data Protection Officer at the Paulinenkrankenhaus

Detailed information beyond that which can be found in this information sheet is available from reception on request. Alternatively, this is also available on the internet on www.paulinenkrankenhaus.de/datenschutz.html.

(1) Purposes for which your personal data are processed

- Planning, implementation and documentation of therapy, diagnosis, prevention and follow-up care in the treatment team
- Internal and external quality assurance measures
- Detecting and controlling hospital infections
- Social and pastoral care, discharge management
- Administrative processing of your treatment (controlling, auditing)
- Training and further training of doctors and other healthcare professionals
- Fulfilment of statutory reporting obligations (health departments, cancer registers etc.)
- Support and maintenance of IT systems

(2) The sources from whom we obtain data about you

Where possible, we mostly get the relevant data from you yourself. We may also get data from other hospitals who carried out previous treatments, GPs and specialists. All of these personal data about you are combined in our hospital to create uniform documentation.

(3) How access to your data is regulated

The doctors, nurses and physiotherapists treating you and the people involved in your diagnosis have access to your data. The hospital administration team which arranges invoices for your treatment also has access. Your data are processed by specialists or under their responsibility. These specialists are either subject to professional secrecy or a confidentiality obligation. An internal data protection handbook contains binding regulations. Technical and organisational measures are used to ensure the safety of the data processing in line with the current standards.

(4) The people to whom your data are sent

Your data are also sent to third parties as part of the intended purpose (see (1)) on a legal basis or on the basis of your declaration of consent. This could be

- statutory or private health insurance providers, accident insurance providers
- doctors providing further, subsequent or simultaneous treatment, GPs
- rehabilitation facilities and other healthcare facilities including care homes
- external data processors contractually obliged to ensure data protection

(5) The legal basis that are relevant to the processing of your data

Legal permission for processing your data arises in principle from the hospital owner's mandate to provide care and treatment. Relevant regulations can be found in particular in

- the EU General Data Protection Regulation (GDPR), for example Articles 6 and 9
- Volume V of the Social Insurance Code (SGB V), for example Section 301
- the Federal Data Protection Act, e.g. Section 22
- the Civil Code, for example Sections 630 et seqq.

Furthermore, processing is permissible where you have granted your consent.

(6) The rights you have as a data subject

You can withdraw consent you have granted for data processing. The withdrawal applies from the point at which the withdrawal is received by the hospital or the health insurance provider/nursing care fund. It does not have a retroactive effect. The legality of the processing carried out before the withdrawal is not affected.

You also have a right to

- information about the data stored about you
- correct the data stored about you
- the deletion of the data about you (the regular retention period for your archived medical files is 30 years)
- restrict or withdraw your consent for the processing of data collected about you

If you suspect any data protection infringements, in addition to recourse through the courts you can also contact the Berlin supervisory authorities (Data Protection and Freedom of Information Officer).

(7) How you can contact the Data Protection Officer at the Paulinenkrankenhaus

The Paulinenkrankenhaus has appointed a Data Protection Officer. This officer is available for appointments (which can be made by telephone or email) for any questions about data protection and will be happy to answer them. His contact details can be found below:

Georg Weiß
Tel.: +49 (0) 30 30008 -578
Room No. 106 (ground floor, next to Social Services)
Email: datenschutz@paulinenkrankenhaus.de

Appendix 3

General contract terms (GCT) at the Paulinenkrankenhaus

Hospital owner: Paulinenhaus Krankenhaus e.V. of 1 July 2018

§ 1 Scope

Unless otherwise agreed, the GCT apply to the contractual relationship between the Paulinenkrankenhaus and the patient undergoing full inpatient and partial inpatient treatment and treatment before and after hospitalisation.

§ 2 Legal relationship

- (1) The legal relationship between the hospital and the patient is under private law.
- (2) The GCT are effective for patients according to Sections 305 et seqq. of the Civil Code if the patient
 - was expressly or, in the event that an express reference is only possible with disproportionate difficulty due to the type of contract conclusion, by means of a visible notice in the location of conclusion of the contract, informed of them
 - was able to become aware of their content in a reasonable manner that also takes into account any physical impairment of the other contracting party that is identifiable for the user of the GCT,
 - has declared their consent for their validity.

§ 3 Scope of the hospital services

- (1) The full in-patient and partial in-patient treatment and treatment before and after hospitalisation includes all general hospital services and optional services.
- (2) General hospital services are those hospital services which are necessary for the medically appropriate and sufficient care of the patient taking into account the Paulinenkrankenhaus's capacity in the individual case and depending on the type and severity of the patient's disease. These conditions also include:
 - a) the measures carried out during the hospital stay in order to ensure the early recognition of diseases in the sense of Volume V of the Social Insurance Code (SGB V),
 - b) the services requested from third parties by the Paulinenkrankenhaus,
 - c) the admission of an accompanying person for the patient who is necessary for medical reasons, or the admission of an accompanying nurse according to Section 11 paragraph 3 SGB V,
 - d) the discharge management in the sense of Section 39 paragraph 1a SGB V.
- (3) The Paulinenkrankenhaus's contractual offer only extends to those services for which the Paulinenkrankenhaus is equipped in terms of staff and equipment within the scope of its medical objective.
- (4) The following are not part of the hospital services:
 - a) Dialysis where this is not the continuation of a relevant treatment, the Paulinenkrankenhaus does not have its own dialysis machine and there is no link to the reason for the hospital treatment.
 - b) Appliances which are given to the patient at the end of his or her stay in hospital (e.g.

- c) prostheses, crutches, wheelchairs),
- c) Autopsy and the production of a death certificate,
- d) Services which, in accordance with the Decision of the Federal Joint Committee according to Section 137c of SGB V cannot be carried out at the expense of statutory health insurance providers,
- e) Interpreting costs.

§ 4 Admission, transfer, discharge

- (1) Within the scope of the capacity of the Paulinenkrankenhaus, anybody who requires full inpatient or partial inpatient treatment will be admitted.
- (2) If a person requires immediate treatment due to an immediate risk to their life or the risk of a dangerous worsening of their disease (emergency), they will be temporarily admitted, even outside of the qualitative or quantitative scope of the Paulinenkrankenhaus, until they are able to be transferred to another suitable hospital.
- (3) An accompanying person will be admitted if the attending physician deems this to be medically necessary for the treatment of the patient and it is possible to accommodate this person in the hospital. An accompanying person can also be admitted at the request of the patient as an optional service (§ 5) if there is sufficient accommodation available, this will not prevent the operating procedures and there are no medical reasons for this not to happen.
- (4) If it is medically necessary (particularly in emergency situations), patients may be transferred to another hospital. Where possible, the transfer will be agreed with the patient in advance.
- (5) According to Section 60 SGB V, a transfer to a hospital which is close to the patient's residence at the request of the patient and at the expense of the statutory health insurance provider is dependent on the approval of the statutory health insurance provider and a flat-rate fee will be charged. If the statutory health insurance provider rejects the request, the patient can only be transferred at their express request and at their own expense. The hospital will inform the patient of this.
- (6) Patients will be discharged if
 - a) the attending hospital physician believes that hospital treatment is no longer necessary,
 - b) they expressly want to be discharged. If the patient insists on being discharged against medical advice or leaves the Paulinenkrankenhaus independently, the Paulinenkrankenhaus is not liable for any consequences arising as a result of this,
 - c) they break the house rules in a serious and repeated manner and do not change their behaviour even after being requested to do so.

An accompanying person will be discharged if the conditions of paragraph 3 are no longer met.

- (7) The obligation of the Paulinenkrankenhaus arising from the treatment contract ends when the patient is discharged.

§ 5 Optional services

- (1) Optional services can be agreed and charged for separately between the Paulinenkrankenhaus and the patient within the scope of the options available at the Paulinenkrankenhaus and subject to the specifications of Appendix 1 where the general hospital services are not impaired as a result.
- (2) Optional services must be agreed in writing before they are provided.
- (3) The Paulinenkrankenhaus can refuse to conclude an optional services agreement for patients who have not paid the costs of earlier hospital treatment or who have paid them extremely late.
- (4) The Paulinenkrankenhaus can adjust the optional services immediately where this is necessary to fulfil general hospital services to other patients. The agreement can also be terminated by the patient on a day effective from the end of the following day. The agreement can be terminated by either party with no notice period for good cause.

§ 6 Fee

The fee for services provided by the Paulinenkrankenhaus is calculated according to the legal provisions and the nursing cost tariff and the DRG fee tariff as amended, which is part of these GCT (Appendix).

§ 7 Invoicing of the fee for persons with statutory health insurance and those entitled to healthcare

- (1) Where, according to the applicable legal provisions, a public payer (e.g. health insurance provider) is obliged to pay the fee for hospital services, the Paulinenkrankenhaus will invoice the provider for the fee directly. At the request of the Paulinenkrankenhaus, the patient will present the payer with a declaration of the assumption of costs covering all of the services which are necessary for medical care in the Paulinenkrankenhaus in the individual case depending on the type and severity of the disease.
- (2) If the patient does not have a declaration of the assumption of costs of this type or it does not cover all of the services used (e.g. optional services), the patient is obliged to pay the fee for the services as a direct payer (§ 9). The Paulinenkrankenhaus shall inform the patient of this.
- (3) Persons with statutory health insurance for whom hospital treatment is carried out in the sense of Section 39 paragraph 1 SGB V and who declare that they wish to be informed of the services provided by the hospital and the fees to be paid for these by the health insurance provider will receive this information in writing within four weeks of the completion of the hospital treatment, provided that they or their legal representative inform the hospital management of this no later than two weeks after the completion of treatment.

§ 8 Invoicing of the fee for direct payers

- (1) Where there is no statutory health insurance protection or optional services are used which are not covered by the statutory health insurance protection, there are no obligations on public payers (e.g. health insurance provider) according to the applicable legal regulations. In this case, the patient pays the Paulinenkrankenhaus directly.

Direct payers are obliged to pay the fee for the hospital services. Where the patient as a person with private health insurance makes use of the possibility for direct invoicing between the Paulinenkrankenhaus and the private health insurance provider, the invoices will be sent directly to the private health insurance provider. A condition for direct invoicing of this type is that the insured person gives his or her approval, which can be withdrawn at any time, in writ-

ing stating that the data can be transmitted to the private health insurance provider in a machine-readable manner in accordance with Section 301 SGB V.

- (2) Interim invoices can be issued for hospital services. A final invoice will be issued after completion of the treatment.
- (3) The hospital reserves the right to issue a subsequent invoice for services which are not included in the final invoice and to correct errors.
- (4) The invoice amount is payable on receipt of the invoice. The direct payer is deemed to be in default if he has not paid the invoice within 30 days of receipt.
- (5) If there is a delay in payment, interest for delay totalling five percentage points above the annual base rate (Section 288 of the Civil Code) and reminder fees of €7.50 can be charged unless the patient can demonstrate that no or significantly less damage occurred.
- (6) Offsetting disputer or non-legally-established claims is excluded.

§ 9 Advance payments, partial payments

- (1) Where the Paulinenkrankenhaus does not invoice on the basis of Diagnosis Related Groups (DRGs) according to Section 17b of the Hospital Financing Act (Krankenhausfinanzierungsgesetz, KHG), it can request appropriate advance payments for hospital stays which are expected to last longer than one week. Where there are declarations of the assumption of costs from social services providers, other public payers or private health insurance providers, advance payments can only be requested from these (Section 14 paragraph 4 of the Federal Healthcare Tariff Law).
- (2) Where the Paulinenkrankenhaus invoices on the basis of Diagnosis Related Groups (DRGs) according to Section 17b KHG, it can request an appropriate advance payment for hospital stays when and to the extent that no health insurance protection is demonstrated.
- (3) From the eighth day of the hospital stay, the Paulinenkrankenhaus can request an appropriate partial payment, the amount of which is based on the services always provided combined with the final fee likely to be payable (Section 8 paragraph 7 of the Law on Hospital Fees).
- (4) The Paulinenkrankenhaus can request an advance payment of a total of 10 days from direct payers or foreign patients (non-EU) who make use of general hospital services or 1 or 2 optional services.
 - a) Optional service, 1st bed: 10 days x €135 = €1,350
 - b) Optional service, 2nd bed: 10 days x €63 = €630
 - c) Optional services, foreign patient: based on the daily nursing rate for 10 days

§ 10 Leave of absence

Leaves of absence are generally not compatible with in-patient hospital treatment. Patients are therefore only granted permission to leave during in-patient treatment for imperative reasons and with the approval of the chief consultant for the department.

§ 11 Medical interventions

- (1) Interventions into the physical and psychological integrity of the patient are only carried out

after the patient has the significance and the consequences of the intervention explained to him or her and after he or she has given consent for this.

- (2) If the patient is unable to give consent, the intervention is carried out without express permission if, in the opinion of the doctor responsible, this is necessary to prevent a threat to the patient's life or due to an immediate threat of a serious impairment to the patient's state of health.
- (3) Paragraph 2 applies accordingly if the legal representative for a patient who has limited or no legal competence cannot be reached or cannot be reached in time, or if the declaration of consent relating to the intervention is insignificant in view of Section 323c of the Penal Code.

§ 12 Autopsy

- (1) An autopsy can be carried out if
 - a) the deceased agreed to this while he or she was alive, or
 - b) the deceased's next of kin who can be reached (paragraph 3), where there are family members of equal rank then one of them, authorises this and the doctor is not aware of the deceased wishing otherwise.
- (2) There is to be no autopsy on deceased persons who belong to a community which rejects autopsies unless the deceased authorised this while he or she was alive.
- (3) The next of kin in the sense of paragraph 1 are ranked in the following order:
 - a) the spouse or life partner,
 - b) the adult children (and adopted children),
 - c) the parents (in the case of parents the adoptive parents) or, if the deceased person was a minor at the time of their death and care for them was the responsibility of just one parent, a legal guardian or a carer, this person,
 - d) the adult siblings,
 - e) the grandparents.

If there are several relatives of the same rank it is sufficient for one of them to be involved and make a decision. If a higher priority relative cannot be reached within a suitable time, the involvement and decision of the nearest reachable lower priority relative is sufficient. An adult who was obviously very close to the deceased until their death is equal to the next of kin and appears next to the next of kin. If the deceased transferred the decision about an autopsy to a specific person, the next of kin takes the place of this.

Paragraphs 1 to 3 are not used in the case of an autopsy which is carried out as a result of legal authorisation from the competent authorities.

- (4) In particular, section 12 is not used in relation to the donation and removal of organs for transplant into other people. Exclusively the regulations of the Transplant Act are significant here.

§ 13 Records and data

- (1) Medical histories, in particular patient documents, examination results, x-rays and other records are the property of the Paulinenkrankenhaus.
- (2) Patients cannot request that the original documents be published. Regulations which differ from this are not affected.

- (3) The right of the patient or a person authorised by the patient to view the records and to make copies at his or her own expense, and the duty of disclosure on the part of the attending hospital physician are not affected.
- (4) Data processing including passing on data is carried out taking into account the legal regulations, in particular the provisions relating to data protection, medical confidentiality and social secrets.

§ 14 Property brought in

- (1) Only the necessary clothing and items should be brought into the Paulinenkrankenhaus.
- (2) Money and valuables will be kept safe by the management in a manner which is reasonable for the hospital at the patient's request.
- (3) For patients who are incapable of acting, the money and valuables will be identified in the presence of a witness and given to the management for safekeeping.
- (4) Items that are left behind/forgotten become the property of the Paulinenkrankenhaus if they are not collected within 12 weeks of a request being made.
- (5) In the case of paragraph 4, the request will explicitly indicate that the right to recover property is forfeit, and as a result the items left behind will become the property of the Paulinenkrankenhaus once the deadline has passed.
- (6) Paragraph 4 does not apply to items left behind by deceased patients or money and valuables which are being kept safe by the management. The storage, recovery and use of the items will take place with due regard to the legal provisions.

§ 15 Limitation of liability

- (1) The hospital owners are only liable for the loss or damage to items brought with patients which remain in their custody or of patients' vehicles which are parked on hospital property or in a parking space provided by the Paulinenkrankenhaus in the case of intent or gross negligence. The same applies to the loss of money and valuables which are not given to the management for safekeeping.

Liability claims due to the loss of or damage to money and valuables which are kept safe by the management or for items left behind by deceased patients which have been handed to the management for safekeeping must be made in writing within three months of the person becoming aware of the loss or damage. This term commences no earlier than the patient's discharge from hospital.

§ 16 Place of payment

The person obliged to make the payment must settle his or her debts at his or her own risk and expense in 14055 Berlin (Charlottenburg-Wilmersdorf).

§ 17 House rules

The patient must comply with the house rules issued by the Paulinenkrankenhaus.

§ 18 Entry into force

These GCT enter into force on 1 July 2018. The GCT of 1 March 2018 are repealed at the same time.



Hospital owner: Paulinenhaus Krankenanstalt e.V.

The Hospital Management

Appendix 4

**DRG fee tariff 2018 for hospitals
in the scope of the Law on Hospital Fees
and information for patients according to Section 8 Law on Hospital Fees**

The Paulinenkrankenhaus Berlin – Hospital –
the Paulinenhaus Krankenanstalt e.V. – Hospital owner –
charges the following fees from 1 July 2018:

1. Flat-rate fees (DRGs) according to Section 7 paragraph 1 clause 1 of the Law on Hospital Fees

The fee for general full inpatient and partial inpatient hospital services is based on the legal specifications of the Healthcare Act and the Law on Hospital Fees as amended. Accordingly, general hospital services are predominantly charged for by means of Diagnosis Related Groups (DRG). Under the DRG system, the specific fee is based on the individual circumstances of the illness.

Allocation to a DRG is based on various parameters. The most important are the main diagnosis and any procedures carried out (operations, complex diagnostic or therapeutic services). Any additional diagnoses may also affect the classification of severity. Catalogues containing around 13,000 diagnoses (ICD-10-GM, 2018 version) and around 30,000 procedures (OPS, 2018 version) are available to determine the diagnoses and procedures. In addition to that set out above, other factors such as age or type of discharge may have an impact on the allocation of a DRG.

The precise definitions of the individual DRGs are set out in the current DRG classification system (DRG definition handbook). The DRG definition handbook describes the DRGs both alphanumerically and with text definitions. It also contains tables of associated diagnoses and procedures.

The respective DRG is rated with an appropriate relative weight, which may vary on an annual basis as a result of DRG system maintenance. This relative weight is allocated a basic case value expressed in euros (fixed value for a reference service). The currently applicable basic case value is €3,449.91 and is subject to annual changes. The relative weight is multiplied by the basic case value to show the price for the treatment.

Example (current basic case value):

DRG	DRG definition	Relative weight	Basic case value	Salary
F60A	Acute myocardial infarction	1.764	€3,449.91	€6,085.64
F43B	Ventilation for > 24 hours in patients with diseases and disorders of the cardiovascular system	5.407	€3,449.91	€18,653.66

It is not possible to predict which DRG will be used for invoicing for your clinical picture. It depends which diagnosis/diagnoses is/are made **at the end** of the inpatient stay and which specific diagnostic or therapeutic services are used over the course of the treatment. National flat-rate fees were specified for 2018 by Appendix 1 of the 2018 Flat-Rate Fee Agreement (FPV 2018).

2. Falling below or going above the threshold stay or the average stay for the flat-rate fee (DRG) according to Section 1 paragraphs 2 and 3 and Section 3 paragraphs 1 and 2 FPV 2018

The price that is to be determined on the basis of the DRG system described above requires DRG-specific limits not to be exceeded or fallen below in terms of the patient's stay in hospital. If these stays exceed or fall below the threshold, statutory surcharges or deductions are due. The Flat-Rate Fee Agreement for hospitals for 2018 regulates the specific details of this and the method of calculation (FPV 2018).

3. Additional fees based on the additional fee catalogue according to Section 5 FPV 2018

According to Section 17b paragraph 1 page 7 of the Law on Hospital Fees, the self-administration partners responsible for developing and maintaining the German DRG System at a national level (Umbrella Association of German Health Insurance Providers, the Association of Private Health Insurance Providers and the German Hospital Association) can agree additional fees for services, complexes of services or medicinal products. This also applies to the level of fees. **National additional fees** were specified for 2018 by Appendix 2 in combination with Appendix 5 of the Flat-Rate Fee Agreement (FPV 2018).

In addition to this, **additional fees for individual hospitals** can be agreed for the additional fees mentioned in Appendix 4 in combination with Appendix 6 of the FPV 2018 according to Section 6 paragraph 1 of the Law on Hospital Fees. These additional fees can be charged in addition to the DRG flat-rate fees or the fees according to Section 6 paragraph 1 of the Law on Hospital Fees.

If additional fees for the individual hospital cannot yet be charged for the services according to Appendix 4 or 6 of the FPV 2018 as there is not yet an agreement, **€600.00** is to be charged for each additional fee.

If no additional fees for individual hospitals for 2018 for services according to Appendix 4 or 6 of the FPV 2018 are agreed in the budget agreement for 2018, each additional fee is charged at **€600.00** on the basis of Section 8 paragraph 1 page 3 of the Law on Hospital Fees.

The following additional fees charged by the Paulinenkrankenhaus Berlin are listed by way of an example:

Additional fee	Fee
Haemodialysis	€230.63
IABP	€750.00
Anidulafungin from	€691.94 to €46,129.33

**depends on the quantity, type and duration of administration*

Whether and to what extent an additional fee is charged depends on your clinical picture and the specific services provided over the course of treatment.

4. Other fees based for services according to Section 7 FPV 2018

The hospital has agreed the following case-based and day-based individual hospital fees according to Section 6 paragraph 1 of the Law on Hospital Fees with the competent payers for the remuneration of services which are not yet properly remunerated by the DRG flat-rate fees and the additional fees:

F37Z	Longer inpatient stay before transplant in the event of a high degree of urgency in patients with diseases and disorders of the cardiovascular system	€400.00 per day
B61B	Acute diseases or injuries to the spinal cord	€350.00 per day

If fees for the individual hospital cannot yet be charged for the services according to **Appendix 3a** of the FPV 2018 as there is not yet an agreement, **€600.00** is to be charged for each day the patient is in hospital. If fees for the individual hospital cannot yet be charged for the services according to **Appendix 3b** of the FPV 2018 as there is not yet an agreement, **€300.00** is to be charged for each day the patient is in hospital.

If no fees for services according to **Appendix 3a** of the FPV 2018 are agreed in the budget agreement for 2018, each day the patient is in hospital is charged at **€450.00** on the basis of Section 8 paragraph 1 page 3 of the Law on Hospital Fees.

5. Surcharges and deductions according to Section 7 paragraph 1 page 1 clause 4 of the Law on Hospital Fees

According to Section 17a of the Healthcare Act, the hospital charges a surcharge for each full inpatient case to fund training costs.

The training cost surcharge is currently: **€63.05 per case**

The Paulinenkrankenhaus also charges the following surcharges according to Section 17b paragraph 1 pages 4 and 6 of the Healthcare Act:

- **Surcharge** for the medically necessary admission of additional companions
 - **totalling € 45.00 per day**
- **Deduction** for non-participation in emergency care according to Section 4 paragraph 6 of the Law on Hospital Fees
 - **totalling € 50.00 per case**

on the amount of the DRG flat-rate fees paid and the additional fees according to Section 7 paragraph 1 numbers 1 and 2 of the Law on Hospital Fees and the other fees according to Section 6 paragraph 1 sentence 1 and paragraph 2a of the Law on Hospital Fees

6. Quality assurance surcharges and deductions according to Section 7 paragraph 1 page 1 clause 7 of the Law on Hospital Fees

- **Quality assurance surcharge** according to Section 137 SGB V
 - **totalling €0.70 per case**

7. Surcharges to fund self-administration tasks

- DRG system surcharge according to Section 17b paragraph 5 of the Healthcare Act for each chargeable full inpatient and partial inpatient stay in hospital
 - **totalling €1.31 per case**
- Surcharge for the funding of the Institute of Quality and Economic Efficiency in the Healthcare Sector according to Section 139a in combination with Section 139c SGB V and for the funding of the Federal Joint Committee according to Section 91 in combination with Section 139c SGB V for each chargeable stay in hospital
 - **totalling €1.70 per case**

8. Fees for treatment provided before or after the stay in hospital according to Section 115a SGB V

- According to Section 8 paragraph 2 page 3 number 3 of the Law on Hospital Fees, **treatment provided before a stay in hospital** is not chargeable separately in addition to a flat-rate fee. **Treatment provided after a stay in hospital** can be charged for in addition to the flat-rate fee (DRG) if the sum arising from the days the patient stays in hospital and the days of treatment beforehand and afterwards exceed the limit for stays in hospital set out for the flat-rate fee (DRG).

9. Fees for other services

- The hospital and the doctors authorised to invoice charge a fee based on time spent for services linked to the inpatient stay involving the preparation of an assessment. Invoicing is on the basis of the Ordinance on Fees for Doctors.
- From the 4th day, the Paulinenkrankenhaus charges
€15.00 per day for keeping deceased persons on site.
- The Paulinenkrankenhaus charges a fee for copies
 - **of €0.50 per page**

10. Additional payments

a. Additional payment obligation of patients with statutory health insurance

The hospital charges patients with statutory health insurance an additional payment from the start of full inpatient treatment in hospital for a maximum of 28 days within a calendar year (Section 39 paragraph 4 SGB V). The additional payment is currently €10 per calendar day (Section 61 page 2 SGB V). This amount is requested from the patient by Paulinenkrankenhaus Berlin according to Section 43b paragraph 3 SGB V **on behalf of the statutory health insurance providers**.

11. Readmission and transfer back

In the event of readmission to the same hospital according to Section 2 FPV 2018 or transfer back according to Section 3 paragraph 3 FPV 2018, the case data on hospital stays is summarised and charged according to Section 2 paragraph 4 FPV 2018.

12. Fees for optional services

The optional services used outside of the general hospital services are charged separately. Details about the calculation can be found in the respective optional service agreement and the patient information about the fees for optional medical services.

Entry into force

This DRG fee tariff enters into force on 1 July 2018. At the same time, the DRG fee tariff 2018 of 1 March 2018 is revoked.

The Hospital Management
PAULINENKRANKENHAUS BERLIN



Dear Patient,

If you have any further questions about specific details, the staff in reception and/or in the controlling/cost collection division of our hospital will be happy to help.

You can also see the DRG classification system and the associated cost weightings there and the associated rules on invoicing.

Overall, the remuneration for general hospital services and optional services can represent **a not insignificant financial burden. This applies in particular to direct payers.** Please check whether you are insured for the full scope of hospital services.

¹ On the basis of a resolution of the Federal Joint Committee of 21 December 2004, the surcharges to fund the Institute of Quality and Economic Efficiency in the Healthcare Sector according to Section 139 in combination with Section 139c SGB V and for the funding of the Federal Joint Committee according to Section 91 in combination with Section 139c SGB V are collected together and shown as a joint surcharge on the hospital invoice.

House rules

(1) Administrative admission

Administrative admission is carried out by the staff in the admissions office at reception or at the patient's bed. If you have not received a contract on the second working day after your admission, please inform reception.

(2) Legal principles

The admission contract or the optional services agreement will make reference to the General Contract Terms of the Paulinenkrankenhaus that are part of this treatment contract.

(3) Quiet and order at the Paulinenkrankenhaus

Quiet at night and at lunch time

Quiet is to be maintained by patients in the period from 10pm until 6am and from 1pm to 3pm. Patients are asked to keep the lighting in their room at a level that ensures nobody is bothered by it. Other patients' need for rest must be taken into account when using televisions. Please do not make any disruptive noises.

Visitors

Visitors can be received provided the quiet times specified are observed. In the interests of orderly conduct, please follow the requests and instructions given by our employees. Visitors should be informed of the option to use the common rooms, the foyer and the cafeteria.

Walking outside of the hospital

It should be noted that the hospital's insurance no longer applies outside of the hospital premises and no liability can be assumed for any damage that occurs. Please ask the walk staff for information about walking around the hospital premises.

Smoking

Smoking is not permitted in buildings and in the outside area. Smoking is only permitted in the designated smoking areas. The protection of non-smokers takes priority.

Patients who have mobile oxygen tanks are not permitted to smoke anywhere on the Paulinenkrankenhaus premises or to handle open flames as the accumulation of oxygen means an increased risk of fire can be assumed.

Your own clothing

Where possible, patients should walk around the hospital in their own clothes. Where applicable, they should be reminded to bring clothing that is comfortable enough (underwear, pyjamas or nightgowns, tracksuit, stockings and suitable shoes) or arrange for these to be brought to them so they can move around outside of the room. Bath robes are available from the cafeteria as needed. Private toiletries and care products can also be brought along as far as possible. Patients should be told to take all of these items with them when they are discharged.

Valuables

Jewellery, large amounts of cash and other valuables should be given to relatives. There is a lockable compartment in each wardrobe for items that are needed on an everyday basis. The patient should keep the key. No liability can be accepted for the content of the locker (or the bedside table). Patients must remove their personal property from the locker on discharge and return the key. Valuables can be stored at reception in exceptional circumstances.

Technology at the bedside

Each bed is equipped with a patient calling system. The call button is on the panel. Other call buttons can be found in the bathroom and other wet areas. Devices to monitor the vital signs and other medical devices may only be operated by the staff.

(4) Additional payments/cost regulation

The statutory additional payment when staying in a hospital must be paid via bank transfer after receipt of the invoice. The amount is currently 10 euros/day for full inpatient treatment for a maximum of 28 days in a year for patients over the age of 18. Other financial rules and details from the GCT (General Contract Terms) at the Paulinenkrankenhaus can also be discussed with the staff on the administrative team. An advance payment totalling the costs of ten days of treatment is standard for direct payers; in the event of a longer stay interim payments may also become due if we do not have a declaration of the assumption of costs from the private health insurance provider.

(5) Hygiene

Flowerpots containing soil and animals are not permitted in the hospital for hygiene reasons. Cut flowers are harmless from a hygiene perspective. The staff will provide the relevant information if particular protective measures are necessary as a result of infectious diseases. The hygiene team will also be happy to provide detailed information.

(6) Safety

Safety is our number one concern. If, despite this, there is an accident, remain calm and follow the instructions given to you by the staff, the fire brigade or another authorised specialist or auxiliary staff member. The escape routes are marked on the escape plans in the corridors. Open fires (including candles) are not permitted in the hospital.

(7) Electrical devices you have brought with you

In addition to the CE marking, any private electrical devices you bring with you to Paulinenkrankenhaus and use there have to have the following safety symbols, which can be found on the device's type plate:

- GS - Geprüfte Sicherheit [safety tested]
- VDE - Verband der Elektrotechnik, Elektronik und Informationstechnik [Association of Electrical, Electronic and Information Technology]
- TÜV - Technischer Überwachungsverein [Technical Inspection Association]

The following listed electrical devices may be brought with you when you stay in the hospital and used in the rooms as intended if they comply with the requirements set out above:

- Hairdryer
- Battery-operated personal care devices (e.g. razors, dental products)
- Chargers and power supply units for laptops, tablets, mobiles/smartphones and for consumer electronics
- Electrical clocks, torches and battery-operated reading lights

Other electrical devices, particularly those that are intended to emit heat, are not permitted. These include:

- heating pads, electric blankets, fan heaters, air conditioning units
- heating lamps, infrared devices
- cooking devices, kettles or immersion heaters

(8) Enforcement of house rules

The Administrative Director enforces the house rules (Sections 858 et seqq, Section 903, Section 1004 of the Civil Code). In her absence, the enforcement of house rules is delegated to the Medical Director or the Duty Consultant. The enforcement of the house rules includes the right

- a) to request that persons who are breaking the house rules follow them;
- b) to ask persons who do not comply with the request to follow the house rules to leave the building and the Paulinenkrankenhaus premises (exclusion);
- c) to have persons who do not comply with the request removed from the facility and the premises by the competent authorities.

(9) Other

We ask all patients, visitors and guests in the hospital's facilities to act in a careful manner. We make every effort to keep restrictions to a minimum. Patients can contact any staff member with questions, tips and complaints.

Berlin, 1 May 2018



Birgit Drischmann, Administrative Director
Paulinenhaus Krankenanstalt e.V.