

## **PAYMENT METHODS FOR DEPOSITS FOR MEDICAL TREATMENT**

Please pay your deposit before your examination appointment. This acts as security for the costs of your appointment and treatment in a Hirslanden hospital. The deposit must be paid before your appointment.

We will send you the detailed invoice for your treatment after your appointment and treatment. If the final amount of the invoice differs from your deposit, you will either receive a reimbursement or an invoice for an additional payment.

There are a number of different ways you can pay the deposit:

### **1. PAYMENT BY BANK TRANSFER**

You will find details of Hirslanden's banking arrangements and the purpose of the payment on the last page of the cost estimate we sent you. Please pass this information and the amount of the invoice to your bank so they can make the transfer; alternatively you can pay the deposit yourself using on-line banking.

When you have paid the deposit via your bank please send an email to us at [international@hirslanden.ch](mailto:international@hirslanden.ch) with documentary evidence of the payment (e.g. a screen print from the online banking system) so that we can complete the arrangements for your appointment.

### **2. CREDIT CARD DEBIT BY HIRSLANDEN**

You will find a credit card form on the following page of this letter. Please complete all the sections of this form with the details of the card to be debited and return it to us at [international@hirslanden.ch](mailto:international@hirslanden.ch). A scan or a photocopy of the signed credit card form is also satisfactory.

We will then debit the credit card with the amount of the cost estimate using SIX Payment Services. SIX Payment Services will send an official confirmation of the debit to your email address as soon as your card has been debited.

### **3. ONLINE CREDIT CARD PAYMENT**

The credit card holder paying the deposit will receive a link from SIX Payment Services. This link can be used to make a secure payment against the credit card without involving any third party. In other words, you enter the credit card details directly and authorise the payment. The amount to be paid was entered by us in advance and corresponds to the cost estimate we sent to you. SIX Payment Services will send an official confirmation of the debit to your email address as soon as your card has been debited.

# CREDIT CARD FORM INTERNATIONAL PATIENTS

## TO BE FILLED IN BY THE PATIENT

With my signature, I hereby authorize the hospital to credit amounts to the following credit card with any excess balance or charge the credit card any outstanding sums, as applicable.

Surname \_\_\_\_\_ First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Treatment in  Klinik Hirslanden  Klinik Im Park

Kind of credit card  VISA  American Express  
 MasterCard  others: \_\_\_\_\_

Surname, first name of card holder \_\_\_\_\_

Complete card number \_\_\_\_\_

Credit card expiration date \_\_\_\_\_

Please transfer any credit balance to the following account (bank or post office giro):

Exact name of bank \_\_\_\_\_

Bank location / branch \_\_\_\_\_

Account number \_\_\_\_\_

Routing number (sort code) \_\_\_\_\_

IBAN number \_\_\_\_\_

Name and address of account holder \_\_\_\_\_

Place / Date \_\_\_\_\_

Signature \_\_\_\_\_