



Declaration of Consent

Your dentist's administrative workload is significantly reduced by billing through us. Thanks to the time saved, the full focus lies on your treatment!

For this partnership, it is necessary for your data to be passed on to DZR. Only with your written consent, your dentist is permitted to pass on personal data to us despite medical confidentiality.

The protection and security of your personal data is of great concern to us, and we take it very seriously. We have therefore established comprehensive data protection measures.

Please read the further information and notes on the Declaration of Consent form as well as on the leaflet "Information on data protection for patients".

Benefits for you

- » Comprehensive data protection measures
- » Secure and reliable handling of your personal data
- » Dentist can focus 100 % on you and your treatment



We provide everything surrounding the topic of billing – comprehensive and trustable service.

You trust your dentist.
They trust us.



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Attractive instalment plan and service offers

Our services for you
Benefits for you



DZR Deutsches Zahnärztliches
Rechenzentrum GmbH
Patienten-Service
Postfach 10 15 44
70014 Stuttgart

Submit your
instalment plan request online at
www.dzt.de/tzv



Accommodating payment deadline extensions

Bills can sometimes come at very inconvenient times. Whatever the reason, DZR offers you the option of paying the bill at a later date.

Benefits for you

- » Agreement directly on the telephone, without unnecessary bureaucracy
- » Accommodating and patient-oriented
- » Simple and fast on our homepage www.dzr.de/zzv



Reimbursement service

You have submitted your dentist invoice and now your health insurance or your aid carrier has questions?

We provide support, so that both you and your dentist save precious time.

Our team of experts is happy to provide you with statements on the treatment performed for submission to your health insurance, if needed in consultation with your dentist. That is our understanding of patient-oriented service.

Benefits for you

- » Fast support for questions relating to billing and reimbursement
- » Statements on an individual case basis, based on the latest court judgements and commentary
- » Experience from 40 years of reimbursement service
- » Simple and convenient at www.dzr.de/es



Instalment plan request

Saving on your dental health can end up painful and expensive after a few years. You should therefore ask your dentist for optimal care. With us, the practice is supported by a service provider that can offer attractive instalment plan models for your co-payment.

Benefits for you

- » Monthly minimum instalment from just 25 euros
- » Individual terms of up to 6 months
- » Free of interest and fees for a total term of up to 6 months
- » Deferral in payment, special payments or early payment free of charge at any time
- » Non-bureaucratic instalment plan options - online at www.dzr.de/tzv by post, or directly on the telephone

See how easy the instalment plan can be

You yourself decide on the amount of the instalments or on the pay-off term. So it is up to you how high the monthly costs will be. You also decide whether the individual payments become due at the start or in the middle of the month.

See how the free instalment plan works

Provided you pay your bill in between two and at most six equal monthly instalments, no additional costs will arise for you as a result of the instalment plan. The only prerequisite is that your instalment plan request and the first instalment are received by us within 30 days of the billing date. Moreover, the billing sum must be paid by you in full within six months of the billing date.

Please note

that the translation of our application form into your mother tongue is a voluntary service on our part. As German law applies, we can only process your partial payment request if you provide us with the signed application on the German original. We would like to thank you for your understanding in this matter. Please note the instructions on page 3.

Pay-off terms and costs

Within an instalment plan agreement with a total term of more than 6 months starting with the billing date, the following **financing costs arise**:

Interest per month:	7–12 months	0.43 % per month*
	13–48 months	0.63% per month
	49–72 months	0.65% per month

The terms and financing costs (interest per month) will be specified in the instalment plan agreement sent to you separately. Interest is charged from the billing date on the outstanding invoice amount.

* The interest rate is based on the presumption that the instalment plan request is received within 30 days after the billing date.

Minimum monthly instalment: EUR 25
Maximum pay-off term: 6 years

Special payments
You can make special payments free of charge at any time.

Deferral in payment

To help you overcome any financial difficulties, we grant you a deferral in payment free of charge (max. one instalment per year of duration). A short written message suffices.

Early repayment

The instalment plan agreement can be paid off early at any time and without further costs.

You can quite simply request your instalment plan quotation with the attached instalment plan application, or under www.dzr.de/tzv.

Examples

Pay-off term/months from invoice date	6 months (no cost)	12 months
Invoice amount in EUR	Monthly instalment / Total in Euro (rounded)	
1,000	167	88 / 1,052
2,000	333	176 / 2,103
5,000	833	439 / 5,258
10,000	1,667	877 / 10,516
20,000	3,333	1,753 / 21,032
Interest per month	0 %	0.43 %
Effective interest	0 %	9.85 %
Minimum instalment in EUR	25	25

The annual effective interest and the amount of the minimum instalment depend on individual factors, e.g. on the receipt of the 1st instalment and the total term (6 years maximum).



Yes, I want to use the instalment plan!

Please complete this form and send it to DZR immediately after receiving your bill. Please note that your instalment plan request **can only be processed in connection with the DZR invoice number**.

Invoice number(s) (please always enter): Invoice amount

You will receive your individual instalment plan agreement within a few days. **Please note:** It is not possible to combine several invoices in one agreement.

Invoice recipient

First name/Surname

Street / No.

Postcode/ Town/City

Date of birth

Phone number in case of questions

My dental practice

Please select

 or

the amount of the monthly instalments (min. EUR 25 per month) **the term** (in months) (maximum 72 months)

Desired start of payment/date of payment

on the 1st of each month on the 15th of each month

I use online banking, and therefore do not require a transfer form.

Location/Date

Signature of invoice recipient

Please proceed as follows:

Option 1:

1. Fill out the form in your language (page 2) on the PC using Acrobat Reader. Your data will be automatically entered in the German form.
2. Please print out the German form.
3. Sign the application
4. Fold the page twice, put it in a window envelope and hand it in directly at your dentist's or send it to DZR by mail

Option 2:

1. Print this page
2. Fill out the application and sign it
3. Fold the page twice, put it in a window envelope and hand it in directly at your dentist's or send it to DZR by mail



Ja, ich möchte die Teilzahlung nutzen!

Bitte gleich nach Erhalt Ihrer Rechnung dieses Formular ausfüllen und an das DZR senden. Bedenken Sie, dass Ihr Teilzahlungswunsch **nur in Verbindung mit der DZR-Rechnungsnummer** bearbeitet werden kann.

Rg.-Nr.(n) (bitte unbedingt angeben) Rechnungsbetrag

In wenigen Tagen erhalten Sie Ihre individuelle Teilzahlungsvereinbarung. **Bitte beachten Sie:** Es ist nicht möglich, mehrere Rechnungen in einer Vereinbarung zusammenzufassen.

Rechnungsempfängerin oder Rechnungsempfänger

Vorname / Name

Straße / Hausnr.

PLZ / Ort

Geburtsdatum

Telefonnummer für Rückfragen

Meine Zahnarztpraxis

Bitte wählen Sie

 oder

die Höhe der Monatsrate
(mind. 25,- Euro monatlich)

die Laufzeit (in Monaten)
(maximal 72 Monate)

Gewünschter Zahlungsbeginn/-termin

zum 01. eines Monats zum 15. eines Monats

Ich nutze Online-Banking und benötige keine Überweisungsträger.

Ort/Datum

Unterschrift der Rechnungsempfängerin
oder des Rechnungsempfängers

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 70014 Stuttgart