

Our services for you



Attractive instalment plan and services

Your dentist has chosen a partnership with us, Deutsche Zahnärztliche Rechenzentren (DZR), in order to offer you not only the best possible medical treatment, but also confidential services relating to billing. You as a patient thus also benefit from our comprehensive services.

You trust your dentist, and they trust us!

■ Declaration of Consent

Your dentist's administrative workload is significantly reduced by billing through us. The time saved allows your dentist to focus 100% on his or her key activity: Treating you!

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

■ Reimbursement service

Your dentist has drawn up a therapy plan for you, but unfortunately your private health insurance / supplementary insurance has not agreed to fully cover the costs? Or have you already submitted your dental bill, and now there are questions from your private health insurance company or aid authority? In the event of reimbursement problems, you will receive personal and individual support from our team of experts.

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

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Patienten-Service
Postfach 10 15 41
70014 Stuttgart

Instalment plan request at www.dzr.de/tzv

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■ 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



■ 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 48 months
- Free of interest and fees for a total term of up to 6 months
- Agreement of a deferral in payment possible
- Special payments or early payment free of charge at any time
- Non-bureaucratic contact options - online at www.dzr.de/tzv, by post, or directly on the telephone

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.



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.

Pay-off terms and costs

Within an instalment plan agreement with a total term of more than 6 months starting with the invoicing date, the following

financing costs arise:

Interest per month	7–12 months	0,43 % p. m.*
	13–48 months	0,43 % p. m.

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 invoice date.

The **minimum monthly instalment** is € **25.00**; however, the maximum pay-off term is 48 months.

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.

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

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 billing date	6 months (no charges)	12 months
Billing sum in Euro	Monthly instalment / Total in Euro (rounded)	
1,000.00	167.00	88.00 / 1.052.00
2,000.00	333.00	176.00 / 2.103.00
5,000.00	833.00	439.00 / 5.258.00
10,000.00	1.667.00	879.00 / 10.516.00
20,000.00	3,333.00	1.753.00 / 21.932.00
Interest per month	0%	0,43%
Effective interest	0%	9,85%
Minimum instalment in Euro	25.00	25.00

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 (max. 48 months).

Instalment plan application

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 bill number**.

<input type="text"/>	<input type="text"/>
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Invoice no. (please always quote) Invoice amount

Within a few days, you will receive your individual instalment plan agreement. **Please note:** It is impossible to combine several invoices in one agreement.

Bill recipient

<input type="text"/>

First name/Surname

<input type="text"/>

Street/No.

<input type="text"/>

Postcode, town/city

<input type="text"/>

Date of birth

Phone number for queries

<input type="text"/>

My dental practice

Please select

<input type="text"/>	or	<input type="text"/>
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the amount of the monthly instalments (at least € 25.00)

the pay-off term (months) (at most 48 months)

and the desired start of payment/date of payment

on the 1st of a month

on the 15th of a month

I use online banking and therefore need no transfer forms.

<input type="text"/>

Place/Date

Signature of the bill recipient

Teilzahlungswunsch

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 DZR senden. Bedenken Sie, dass Ihr Teilzahlungswunsch **nur in Verbindung mit der DZR-Rechnungsnummer** bearbeitet werden kann.

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

Innerhalb weniger Tage erhalten Sie Ihre individuelle Teilzahlungsvereinbarung. **Bitte beachten Sie:** Es ist nicht möglich, mehrere Rechnungen in einer Vereinbarung zusammenzufassen.

Rechnungsempfänger

Vorname/Name

Straße/Hausnr.

PLZ/Ort

Geburtsdatum

Telefon-Nr. für Rückfragen

Meine Zahnarztpraxis

Bitte wählen Sie

 oder

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

die Laufzeit (in Monaten)
(maximal 48 Monate)

und den gewünschten Zahlungsbeginn/Zahlungstermin:

zum 01. eines Monats

zum 15. eines Monats

Ich nutze Online-Banking und benötige daher keine Überweisungsträger.

Ort/Datum

Unterschrift des Rechnungsempfängers

**DZR Deutsches Zahnärztliches
Rechenzentrum GmbH**
Niederlassung FRH
Patienten-Service
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