

Annex 3

Sample Fee Agreement

Client

First/Second Name

Address

I wish to receive the following services from the Specialist according to the GOÄ (German statutory scale of fees for physicians):

Specification of services according to GOÄ codes, amounts in Euro:

I agree on a fee for the above services which is estimated to amount Euro

Date:

Place:

Signature
Specialist

Date:

Place:

Signature
Client