SAMPLE FEE AGREEMENT

Client full name: _____

Address: _____

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

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_____

I agree on a fee for the above services which is estimated to amount _____ Euro (€)

Date: _____

Place: _____

Specialist Signature: _____

Date: _____

Place: _____

Client Signature: _____