

## ADDITIONAL OFFERS FOR ROOMS

Patients with general and semi-private insurance may upgrade to a room category that is not covered by their insurance (refer to the "Additional offers" brochure).

Last name \_\_\_\_\_ First name \_\_\_\_\_ Date of birth \_\_\_\_\_

You can select from the following additional offers (please tick):

### For generally insured persons

- Room for double occupancy in the general ward Surcharge CHF 220 per night  
 Room for single occupancy in the general ward Surcharge CHF 480 per night

### For semi-private insured persons

- Room for single use in the private ward Surcharge CHF 360 per night

**Condition:** It may not be possible to fulfil your room request if bed occupancy is high. We will refund any advance payments in these cases.

Please complete this form and send it to us prior to admission if you would like to book an additional offer. Kindly make **advance payment for at least 4 nights** no later than on the date of admission. An additional payment is due for longer stays, and the difference will be refunded if your stay is shorter.

**Payment details:** PostFinance account  
 IBAN CH82 0900 0000 8000 2188 4  
 Payment reference: Upgrade, patient's last name, date of admission

### CONSENT

I confirm that I have understood and consent to the contents of this form.

Date / Place \_\_\_\_\_ Signature \_\_\_\_\_  
 Patient

The form was completed by the following representative:

Surname, First Name \_\_\_\_\_ Tel. no.: \_\_\_\_\_

### REFUND

If the costs after final invoicing are lower than the deposit paid, the difference will be paid out to you or transferred to the bank or PostFinance account specified below.

Surname, First Name of Account Holder \_\_\_\_\_

Address of Account Holder \_\_\_\_\_

Bank Name / Branch \_\_\_\_\_ Swift \_\_\_\_\_

Post code / City / Country \_\_\_\_\_ Account no./IBAN \_\_\_\_\_

Bank no. (Clearing sort code) \_\_\_\_\_

Please sign and return this form in the enclosed reply envelope.

If you have any questions, please contact the patient admission team. They can be reached by calling the phone number 041 399 44 40 or by email at [pataufnahme@zgks.ch](mailto:pataufnahme@zgks.ch).