UniversitätsSpital Zürich

Patientenetikette

Repayment of remaining balance

Dear patient,

So that we can repay the remaining balance from the deposit paid before the start of the treatment, we ask you to fill in and sign this form. Please also present **official proof of identity** (passport or personal identification card) which clearly shows your signature when admitted.

Patient details

SURNAME ..... FIRST NAME .....

C/O .....

ADDRESS .....

POST CODE / TOWN OR CITY ..... COUNTRY .....

Please transfer the remaining balance to the following bank account:

SURNAME, FIRST NAME OF ACCOUNT HOLDER .....

ADDRESS OF ACCOUNT HOLDER .....

POST CODE/TOWN OR CITY ..... COUNTRY .....

NAME OF BANK/BRANCH .....

POST CODE/TOWN OR CITY/COUNTRY .....

ACCOUNT NUMBER/IBAN .....

SORT CODE (CLEARING SORT CODE) .....

SWIFT CODE .....

Post Office Account (CH)

POST OFFICE ACCOUNT NUMBER/IBAN .....

Please pay back any possible remaining balance from my treatment as follows:

☐ Cheque ☐ Money order ☐ Cash payment from pay office (after pre-registering)

Location ..... **Date** ..... **Signature of the patient or his or her legal representative** .....

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