

## Agreement to pay treatment costs

I hereby declare that I have read the file\* named "Treatment costs and insurance" and will pay for all costs involved with my treatment at De Hemisfeer.

Name (first and family) : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Place & date : \_\_\_\_\_

Signature : \_\_\_\_\_

\*The file "Treatment costs and insurance" is provided after contact about referral to De Hemisfeer.