

**ADDITIONAL ROOM OFFER**

A change to a room category that is not covered by your insurance policy is possible for our general and semi-private insured patients via the option of an upgrade. (see brochure "Additional offers")

Surname _____	Forename _____	Date of Birth _____
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The following additional offers are available for you to choose from: (please tick)

**For generally insured persons**

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Double room with one other person / General ward | Extra charge CHF 220 per night |
| <input type="checkbox"/> Single room / General ward                       | Extra charge CHF 480 per night |

**For semi-privately insured persons**

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Private room / Private ward | Extra charge CHF 360 per night |
|--|--------------------------------|

**Reservation:** Your requested room cannot be guaranteed if there is a high bed occupancy. In this case, the paid extra charge will be refunded.

If you would like an additional offer, please fill in this form and send it to us before your arrival and make an advance payment for at least 4 nights on the day of admission date at the latest. For a longer stay, an additional payment will be due and for a shorter stay, the difference will be refunded.

**Payment details:** Post account  
 IBAN CH82 0900 0000 8000 2188 4  
 Note of intended use: Upgrade, name patient, date of admission

<b>AGREEMENT</b>	
I confirm that I have understood and agree to the contents of this form.	
Date / location _____	Signature _____ Patient / Representative
<input type="checkbox"/> The form has been completed by the following representative(s):	
Surname, forename _____	Telephone _____

Please sign and return this form in the enclosed reply envelope.  
 If you have any questions, please contact the Patient Admissions Team. They will be happy to help you on telephone number 041 399 44 40 or by e-mail [pataufnahme@zgks.ch](mailto:pataufnahme@zgks.ch).