Approved:

by order of the chief doctor of the state medical institution

GBUZ of Astrakhan region «DGP №3» from 01.11.2013 №183

**CONTRACT №**

to provide paid medical services

s. Astrakhan «\_\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_202\_\_\_\_ г.

State budgetary healthcare institution of the Astrakhan region «Children's city polyclinic no 3» (GBUZ AR «DGP № 3»), hereinafter referred to as «Medical organization» in the person of the chief doctor Minakova Galina Mitrofanovna, acting on the basis of the Charter and license for medical activity № LO 30-01 001945 dated 12.12.2018 with an indefinite validity period, provided by the Ministry of health of the Astrakhan region (414056 Astrakhan, Tatishcheva str., 16 «V», t. (8512) 54-92-30, 54-00-14) on one side and citizen

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Full name of the child (legal representative), year of birth, place of residence,

as a legal representative of a minor (full name, year of birth, place of residence), hereinafter referred to as "Customer" or "Patient", on the other hand (referred to together hereinafter also the "Parties"), subject to the provisions of the Federal stabbed 21.11.2011 №323-F3 "On fundamentals of protection of the health of the citizens in the Russian Federation", Civil code of the Russian Federation, Russian Federation Law "On protection of consumer rights", Rules of provision of medical organizations of paid medical services approved by the government of the Russian Federation dated 04.10.2012 №1006, as well as the Rules of providing paid services in GBUZ AR "DGP №3", have concluded the present agreement (further - Contract) as follows:

1. **Subject of the Contract and payment procedure.**
   1. The contractor undertakes to provide paid medical services to the Patient, and the Patient undertakes to accept and pay for the services under the terms of this Contract.

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| --- | --- | --- | --- | --- | --- |
| **№ n/n** | **Medical service code** | **Department** | **Number of services or patient days** | **Price of one service or one patient-day** | **Cost of medical services** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

THE COST OF SERVICES IS (TOTAL)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ rub.

1.2. The Patient pays for the services on the terms of 100% prepayment with non-cash funds to the Contractor's current account or by depositing cash to the Contractor's cash Desk.

1.3. If the volume or cost of medical services increases in the course of providing them, the Patient undertakes to pay the necessary amount within 2 days from the date of receipt of the relevant invoice.

1.4. Term of medical services: from "\_\_\_\_\_"\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_ G. po "\_\_\_\_\_\_"\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ d.

1.5. When paying through the cash register, the Medical organization, in accordance with the legislation of the Russian Federation, issues the Patient a document (receipt or other form of strict reporting) confirming the payment made for the medical services provided to him. 1.6. Place of rendering services: on the territory of the state budgetary INSTITUTION of AR "DGP № 3".

**2. Obligations and rights of the Parties.**

**2.1. Health organization agrees:**

- notify the Patient that this medical service is not provided by the Federal (basic) and (or) territorial (Astrakhan region) program of state guarantees for providing free medical care to citizens of the Russian Federation (hereinafter-the program of state guarantees) and can be provided for a fee or free of charge if it is provided by the program of state guarantees and is provided on a reimbursable basis with the consent of the service purchaser;

- provide the Patient with a qualified and high-quality medical service within the period established by the contract,

- provide the Patient with reliable information about the services provided in advance;

- immediately inform the Patient about the detected inability to get the expected results or about the inexpediency of continuing to provide services;

- observe medical secrecy, as well as the rules and principles of medical ethics and deontology;

- obtain written voluntary informed consent from the Patient for medical intervention on the subject of the Contract;

- provide the patient with information on their request and in a form that is accessible to Them:

- the state of their health, including information about the results of the examination, diagnosis, treatment methods, associated risks, possible options and consequences of medical intervention, expected results of treatment;

- about the drugs and medical devices used in the provision of paid medical services, including their expiration dates, indications (contraindications) for use.

**2.2. Medical organization is entitled:**

- in case of emergency situations in the process of providing medical services provided by the Contract and acting in conditions of extreme necessity, independently determine the scope of research, manipulation, surgical interventions necessary to establish a diagnosis, examination and medical care, including those not provided for by the contract;

- demand from the Patient the information necessary for the quality of medical services (allergic reactions, reactions to medications, past illnesses, and the results of previous examinations and treatment).

- refuse from fulfillment of obligations under the contract objectively impossible to provide the required medical services, including the emergence of medical contraindications for medical care and (or) the inability to ensure its security, as well as the case of Patient compliance with medical regime (appointments, recommendations) and acquisition rules (Provided by the Contract medical services (with the exception of cases of emergency medical care).

**2.3. The patient agrees:**

- give written voluntary informed consent to medical intervention on the subject of the Contract;

- comply with the rules of conduct in the medical organization, the medical regime, appointments, recommendations (including preventive and curative measures) and the rules for receiving medical services provided by the Contract;

- inform the medical organization of the information (and, if necessary, provide documents) necessary for the quality of medical services (allergic reactions, reactions to medications, past illnesses, and the results of previous examinations and treatment).

- immediately notify the medical organization of any complications or abnormalities that occur during treatment;

- timely pay for the cost of medical services, in the manner and terms specified in the Contract;

- take care of maintaining your health.

**2.4. The patient has the right:**

- to provide the Medical organization with complete and timely information about the medical service received;

- demand the provision of medical services of appropriate quality;

- after signing the contract, refuse to receive medical services, while the patient pays the performer the actual expenses incurred by the performer related to the performance of obligations under the Contract;

- if the Medical organization does not comply with its obligations under the terms of performance of medical services:

* set a new deadline for medical services;
* require the performance of medical services by another specialist.

**3. Liability Of The Parties.**

3.1. For non-performance or improper performance of their contractual obligations, the Parties are bound (given its subject matter), responsibility in the order stipulated by the legislation of the Russian Federation.

3.2 The Damage caused to the life or health of the Patient as a result of providing low-quality paid medical services is subject to compensation by the Medical organization in accordance with the legislation of the Russian Federation.

3.3. Due to the biological characteristics of the body, it is possible (but not necessarily) the occurrence of side effects: allergic reactions (to anesthetics and medications used for treatment), pain after treatment, discomfort, complications or painful sensations, as well as other side effects that depend on the individual characteristics of the Patient. In the event of such side effects (medical technology of medical care can not completely exclude their probability), the Medical organization is not responsible for their occurrence, if the medical service is provided in compliance with the necessary requirements. This provision has been explained to me and is clear.

**4. The validity of the conditions for termination (cancellation) n amendments to the Contract.**

4.1. The Agreement enters into force from the moment of its signing and (or) the date of its conclusion by the Parties and is valid until the Parties fulfill the terms of the Agreement in full.

4.2. The Agreement may be terminated prematurely by agreement of the Parties, or at the request of one of the Parties in the manner and on the grounds provided for by the current legislation of the Russian Federation.

**5. Other conditions.**

5.1. In all other matters that are not provided for in the Agreement, the Parties are guided by the current legislation of the Russian Federation.

5.2. If the provision of paid medical services requires the provision of additional medical services on a paid basis for medical reasons not stipulated in the Contract, the Medical organization undertakes to notify the Patient about this, without the Patient's consent, the Medical organization is not entitled to provide additional medical services on a paid basis.

**6. Addresses and signatures of the Parties.**

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| **Executor:**  Legal address: 414041, g, Astrakhan, ul. Kulikova, 61  Tel / Fax: (8512) 31-77-00 website www/ 3dgp.ru  E-mail: gbuzao.dgp3@mail.ru  OGRN 1023000819522, INN 3015035026, KPP 301501001  Ministry of Finance of the Astrakhan region (GBUZ AR "Children's city polyclinic № 3")  P / s 40601810300003000001  Department of Astrakhan Astrakhan  L / s 22854SH05816  BIC 041203001 | **Patient** (legal representative of the patient, Customer):  Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The identity document \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Series, number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Issued by whom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Patient's phone number  (the patient's legal representative) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/G. M. Minakova / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

**VOLUNTARY INFORMED CONSENT TO PROVIDE PAID MEDICAL SERVICES**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (name of patient) "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_ b. e.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (name of the legal representative of the patient) acting on behalf of his minor child for purposes of this agreement, I wish to receive medical services in GBUZ AR "DGP № 3". At the same time the following has been explained to me and realized by me:

1.I have received full information from the employees of the institution about the possibility and conditions for providing me with free medical services in this medical organization under the program of state guarantees for receiving free medical care in the territory of the Astrakhan region, I give my consent to provide me with paid medical services and I am ready to pay for them.

2. it is explained to Me that I can get both one of the types of paid medical services, and several types of services.

3. my rights and obligations in the sphere of health protection were explained to me by the medical organization's employees in accordance with the Federal law of the Russian Federation № 323-FZ of 21.11.2011 "on the basics of public health protection in the Russian Federation".

4.I agree that the used technology of medical care can not completely exclude the possibility of side effects and complications due to the biological characteristics of the body, and in the case when the service is provided in compliance with all necessary requirements, the medical organization is not responsible for their occurrence, and that if the above-mentioned side effects and complications of medical intervention require urgent medical care, the GBUZ AR "DGP № 3" will provide it without additional payment.

5.I am aware and understand that in order to obtain the best results of treatment, I must comply with all prescriptions, recommendations and advice of doctors of the medical organization, failure to comply with which may reduce the quality of the service provided, lead to the inability to complete it on time or adversely affect the health of my minor child.

6. the Types of paid medical services I have selected have been approved by my doctor, and I agree to pay for them.

7. I have read the current price list for paid medical services and agree to pay the cost of the medical service (s) in accordance with it.

8. I have been informed that I can get medical care from other medical organizations for my existing illness, and I confirm my consent to receive the specified medical service (s) from this medical health organization.

9.I certify that I have read the text of my informed consent to medical intervention, that I understand the purpose of this document, that the explanations received are clear and that I am satisfied. This informed consent was signed by me after a preliminary interview and is an Annex to the contract for the provision of paid medical services.

Patient (legal representative) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

Signature transcript of the signature

Signature of medical worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ “\_\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_

The Customer can get acquainted with the license for medical activities when signing this agreement. The license is published on the official website of the medical organization, and is also available to specialists who provide paid services.