STATE BUDGETARY INSTITUTION OF HEALTH CARE
REPUBLIC OF BASHKORTOSTAN
UFA CITY CLINICAL HOSPITAL № 13

ORDER
"_10_" 01________2022

"On the conditions, procedure and payment for the provision
paid medical services to the population
over Programs of state guarantees»

In pursuance of the Decree of the Government of the Russian Federation of
04.12.2012 No. 1006 “On Approval of the Rules for the Provision of Paid Medical Ser-
vices to the Population”, the Law of the Russian Federation of 07.02.1992 No. 2300-1 “On Protection of Consumer Rights”, based on the Charter of the GBUZ RB GKB No. 13 Ufa, in accordance with the current license issued by the Ministry of Health of the Republic of Bashkortostan,

I ORDER:

1. Cancel Order No. 301-OD dated 05.07.2021 “On the conditions, procedure and payment for the provision of paid medical services to the population in excess of the State Guarantees Program”.
2. Approve:
   2.1. Regulations on the procedure and conditions for the provision of paid services in the State Budgetary Institution of Health of the Republic of Belarus City Clinical Hospital No. 13 in Ufa (Appendix No. 1);
   2.2. list of chambers functioning at the expense of funds from income-generating activities (Appendix No. 2);
   2.3. forms of contracts for the provision of paid services with an annex on voluntary consent (Appendices No. 3, 3.1, 3.2, 3.3, 3.4);
   2.4. list of specialists providing medical care (Appendix No. 4);
3. To the specialists specified in paragraph 2.4.:
   3.1. carry out the provision of paid medical and other services in accordance with the Regulations on the procedure and conditions for the provision of paid services in the GBUZ RB City Clinical Hospital No. 13 in Ufa (Appendix No. 1); to provide paid medical services to individuals under a standard contract, with organizations on the basis of an agreement, taking into account the price negotiation protocol (Appendices No. 3, 3.1, 3.2, 3.3, 3.4);
   3.2. carry out the provision of paid medical and service services in the wards, functioning at the expense of funds from income-generating activities (Appendix No. 2);
3.3. the provision of paid medical services by medical workers to carry out in their free time from their main work.

4. Head nurses of structural divisions draw up schedules and timesheets for work at the expense of compulsory medical insurance and for the provision of paid medical services separately.

5. Head of structural divisions:
   5.1. to carry out the distribution of funds for the remuneration of the main and auxiliary personnel on the basis of Regulations on the conditions, procedure and payment for the provision of paid medical services to the population in excess of the program of state guarantees, agreed with the primary trade union organization of the GBUZ RB City Clinical Hospital No. 13, Ufa;
   5.2. coordinate timesheets and schedules for recording working hours for work at the expense of compulsory medical insurance and for the provision of paid medical services separately.
   5.3. the prescription of medicines in excess of the approved list of essential drugs should be carried out with the written consent of the patients;
   5.4. ensure accounting of goods (works, services) purchased at the expense of income-generating activities separately from other sources of financing (compulsory medical insurance funds, budget);
   5.5. carry out labeling of case histories of outpatient cards, requirements for medicines with the symbol "XP" (self-supporting);
   5.6. mark the case histories of outpatient cards of patients under the VHI policy with the symbol "VHI" (additional health insurance);
   5.7. when filing requirements for receiving medicines and consumables for paid (self-supporting) patients, indicate the patient's full name, case history number, ward number.

6. When purchasing medicines, the head of a pharmacy should be guided by applications from heads of structural divisions.

7. The Deputy Chief Physician for Economic Affairs shall ensure the calculation of the cost of services and prepare a price list taking into account the costs and profitability of services.

8. To the head of the personnel management department to acquaint all interested parties with the order.

9. To the chief accountant to ensure the movement of financial resources and inventories in accordance with the sources of financing. Organize accounting of medicines, consumables and soft inventory purchased with funds from income-generating activities separately from other sources of funding (compulsory medical insurance funds, budget).

10. The head of the structural divisions, the marketing department to provide citizens with free, accessible and reliable information about the location of the institution, the mode of operation, the list of paid services indicating their cost, the conditions for the provision and receipt of these services, information about the qualifications and certification of specialists.

11. Responsibility for the examination of the quality of medical care provided at the expense of income-generating activities shall be assigned to the head of the clinical expert department.

12. Professionals providing paid medical services (self-supporting) and services provided under VHI to provide services on the basis of service agreements concluded between citizens, legal entities and insurance medical organizations.
13. Organizational and methodological department, planning and economic department, accounting department to organize the maintenance of statistical and financial records of medical and other paid services provided; submit reports in the manner and within the time limits established by regulatory enactments.

14. The heads of structural divisions, the marketing department, ensure the organization of the provision of paid medical and other services in accordance with this order at the approved price list and at prices agreed between the medical insurance organization and the healthcare institution, in accordance with the financial and economic activity plan for 2021.

15. Professionals providing paid medical services should not allow the provision of inpatient, outpatient, medical and diagnostic care to patients insured in the CHI system on a paid basis, with the exception of accommodation in superior comfort wards (services).

16. The basis for the provision of paid medical and other services may be:
   16.1. the desire of the patient to receive a paid service;
   16.2. contract for the provision of paid medical services
   16.3. informed voluntary consent to receive paid medical services;
   16.4. the absence of a corresponding service in the Program of state guarantees for the provision of free medical care to citizens of the Republic of Belarus.

17. Assign personal responsibility for organizing the provision of medical care to the population on a paid basis and under VHI on the deputy chief physician for medical affairs, the deputy chief physician for economic issues, the head of the level II trauma center, the deputy chief physician for the outpatient section of work, the chief nurse.

18. I reserve control over the execution of this order.

Chief Physician

B.N. Garifullin
GBUZ RB City Clinical Hospital No. 13, Ufa, functioning at the expense of funds from income-generating activities

<table>
<thead>
<tr>
<th>Branch name</th>
<th>Number of beds</th>
<th>Room number</th>
<th>Number of seats</th>
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</thead>
<tbody>
<tr>
<td>Department of Medical Rehabilitation</td>
<td>7</td>
<td>303</td>
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</table>

Deputy Chief Medical Officer: Zhumaniyazova A.A.
SAMPLE
Application No. 3
to Order No. _32-OD____
from “_10_”___01____2022 year

CONTRACT №____
for the provision of paid medical services
Ufa "__" ____________ 20____

State Budgetary Institution of Healthcare of the Republic of Bashkortostan City Clinical Hospital No. 13 of the city of Ufa, (hereinafter - GBUZ RB GKB No. 13, Ufa) registered as a legal entity in accordance with the Unified State Register series 02 No. 007164812 dated January 13, 2015, issued by the Interdistrict Inspectorate of the Federal Tax Service No. 39 for the Republic of Bashkortostan, hereinafter referred to as the “Contractor”, represented by __________ acting(s) on the basis of attorney dated "__" ____________ 20____, on the one hand, and citizen (ka), __________, registered at: __________, passport series No. __________, issued by __________, hereinafter referred to as "Consumer", on the other hand, collectively referred to as the "Parties", have entered into this agreement (hereinafter referred to as the Agreement) as follows:

1. THE SUBJECT OF THE AGREEMENT
1.1. A contractor who has a license for medical activities dated __________ No. __________ issued by the Ministry of Health of the Republic of Bashkortostan, located at: 450002, Republic of Bashkortostan, Ufa, st. Tukaeva, 23, tel. (347) 218-00-81, provides a paid medical service to the Consumer (hereinafter referred to as the Service), according to the list of Services, and the Consumer is obliged to pay for the Service chosen by him on the terms of the Agreement.

1.2. List of rendered Services:

<table>
<thead>
<tr>
<th>Service code</th>
<th>Name of service</th>
<th>Quantity</th>
<th>List price, rub.</th>
<th>Amount payable, rub.</th>
</tr>
</thead>
</table>

The total cost of the Services according to the price list is:

1.3. The Contractor provides the Service in accordance with the approved procedures for the provision of medical care by the Ministry of Health of the Russian Federation, to the Consumer in the department __________ at the address: __________, the responsible person from the Contractor - __________.

1.4. The provision of medical services under this Agreement is carried out with the information voluntary consent of the Consumer (legal representative of the Consumer), given in the manner prescribed by the legislation of the Russian Federation on the protection of the health of citizens, which is signed before the date of conclusion of the Agreement and is Appendix No. 1 to this Agreement.

1.5. The consumer confirms that at the time of signing this Agreement, the Contractor:
- acquainted him with the Rules for the provision of paid medical services by medical organizations (approved by Decree of the Government of the Russian Federation of October 04, 2012 No. 1006)
- acquainted him with the Price List of prices (tariffs) for medical services, valid in the State Budgetary Institution of Health of the Republic of Belarus, City Clinical Hospital No. 13, Ufa, approved in the prescribed manner.

1.6. By signing this Agreement, the Consumer confirms that he voluntarily agreed to provide him with medical services on a paid basis.

1.7. The consumer pays for the Services rendered in the manner and within the time limits established by the contract with the Contractor.

1.8. Deadlines for the provision of medical services: from "__" ____________ 20____ by "__" ____________ 20____

1.9. In the event of a change in the term for the provision of medical services, the Parties sign an additional agreement, which is an integral part of this Agreement.

2. RIGHTS AND OBLIGATIONS OF THE PARTIES

2.1. The consumer has the right:
- require the provision of a Service of appropriate quality, information about the availability of a license and certificate, calculation of the cost of the Service provided;
- demand information about the methods of providing medical care, the risks associated with it, possible types of medical intervention, their consequences and the expected results of the provision of medical care;
- choose the attending physician;
- refuse to execute the Agreement at any time, subject to payment to the contractor of the expenses actually incurred by him related to the fulfillment of obligations under this Agreement.
- for gratuitous elimination of shortcomings of the rendered Service;
- for reimbursement of expenses incurred by him to eliminate the shortcomings of the rendered Service on his own or by third parties.

2.2. The consumer is obliged:
- inform the Contractor prior to the provision of the Service about past illnesses, allergic reactions known to him, about the presence of especially dangerous infections, contraindications to the provision of the Service;
- follow all the recommendations of the attending physician on treatment methods;
- pay the cost of the Service by making a 100% prepayment (with the consent of the Consumer) by bank transfer to the Contractor's account or in cash through the Contractor's cash desk.

2.3. The performer has the right:
- in the event of emergency conditions, independently determine the scope of examinations, manipulations, surgical interventions necessary to establish a diagnosis, examination and provision of medical care, including those not provided for by the Agreement;
- refuse the Consumer to provide the Service in the event of: the Consumer's failure to comply with the recommendations on the rules for the provision of the Services and / or identified contraindications for health reasons;
- refuse to fulfill obligations under the Agreement only on condition of full compensation to the customer for losses.

2.4. The contractor is obliged:
- provide the Consumer with a qualified, high-quality Service stipulated by the Agreement;
- provide the Consumer with accessible and reliable information about the Service provided;
- notify the consumer that non-compliance with the recommendations on the rules for the provision of the Services, including the prescribed treatment regimen, may reduce the quality of the paid medical service provided, make it impossible to complete it on time or adversely affect the health of the consumer.

3. RESPONSIBILITIES OF THE PARTIES

3.1. For non-fulfillment or improper fulfillment of obligations hereunder, the Parties shall be liable in the manner prescribed by the current legislation of the Russian Federation.

3.2. The harm caused to the life or health of the Consumer as a result of the provision of poor-quality paid medical services is subject to compensation by the Contractor in accordance with the legislation of the Russian Federation.

3.3. The Contractor is not responsible for the provision of medical services in an incomplete or smaller volume than provided for in this Agreement, in cases where the Consumer provides incomplete information about his health.

3.4. Claims for the performance of the Services from the Consumer are accepted within the time limits stipulated by the legislation of the Russian Federation.

3.5. The Contractor, represented by the Deputy Chief Medical Officer (tel.: 240-13-13), considers the claim and offers the Consumer a choice:
- set a new term for the provision of the Service;
- reduce the cost of the provided Service;
- perform the Service by another specialist;
- terminate the Agreement with compensation for losses in the prescribed manner;
- free of charge to eliminate the shortcomings of the rendered Service;
- terminate the Agreement and demand payment of a penalty in the amount determined by the legislation of the Russian Federation, and by agreement of the parties, the specified penalty can be paid by reducing the cost of the service provided.

3.6. The Contractor shall be released from liability for non-fulfillment or improper fulfillment of its obligations under the Agreement if it proves that this happened due to force majeure, violation by the Consumer of his obligations or on other grounds provided for by the legislation of the Russian Federation.

3.7. The Consumer is obliged to fully compensate the Contractor for the losses incurred if the Contractor was unable to provide the Service or was forced to stop providing it due to the fault of the Consumer.


3.9 The parties are released from liability for the fulfillment of obligations in case of force majeure.

4. OTHER TERMS

4.1. If it becomes necessary to perform additional work not provided for by the Contract, they are performed with the written consent of the Consumer with payment according to the approved price list with the execution of an additional agreement to the Contract.

4.2. The Agreement may be terminated by the Agreement of the Parties, on other grounds provided for by the current legislation of the Russian Federation.

4.3. The Parties acknowledge that on the part of the Contractor, the Contract is signed by the facsimile signature of the chief physician and has equal legal force as the original signature of the chief physician.

4.4. If the provision of paid medical services requires the provision of additional medical services for emergency reasons to eliminate the threat to the life of the consumer in case of sudden acute diseases, conditions, exacerbations of chronic diseases, such medical services are provided free of charge in accordance with the Federal Law “On the Basics of Protecting the Health of Citizens In Russian federation”.

4.5. This Agreement is made in two identical copies, one for each Party, and comes into force from the moment of its signing and is valid until the parties fully fulfill their obligations.

4.6. The terms of this Agreement may be changed, or the Agreement may be terminated by mutual agreement of the parties with the obligatory drawing up of a written document.

5. BANK DETAILS OF THE PARTIES, ADDRESSES AND SIGNATURES OF THE PARTIES

Executor: ________________________________

Consumer: ________________________________

GBUZ RB GKB No.13 g. Ufa
450112, Republic of Bashkortostan,
Ufa, st. Nezhinskaya, 28
phone number (347) 264-45-13, 240-13-13
TIN 0273019949, KPP 027301001
PSRN 1020202397434
1/s 20112041990, account 4060181040003000001
Branch - NB Republic of Bashkortostan
BIK 048073001, OKTMO 80701000001

Signature: ________________________________

Passport data ________________________________

Address ________________________________

Telephone: ________________________________

E-mail address ________________________________
Informed voluntary consent to receive paid medical services

I, the undersigned, am ___________________________________________________________________ “___”_________ ______ year of birth,
registered at ______________________________________________________________________________________________________
(Full name of the citizen)

I wish to receive paid medical services at the State Budgetary Institution of Healthcare of the Republic of Bashkortostan City Clinical Hospital No. 13 of the city of Ufa.

I have received a full and comprehensive explanation of the proposed diagnostic measures and treatment of my disease, I have been informed about the possibilities and conditions for the provision of free medical services within the framework of the free medical care program, I agree to the provision of paid medical services and am ready to pay them.

I am aware and understand that I can receive one of the types of paid medical services, as well as several types of services.

I am aware and understand that failure to comply with the instructions of a doctor providing a paid medical service, including the prescribed treatment regimen, may reduce the quality of the provided paid medical service, make it impossible to complete it on time, or adversely affect the state of health.

I am aware and understand that in order to obtain positive results of treatment, I must (a) follow all the prescriptions, recommendations and advice of the doctor.

I voluntarily, without any coercion and in agreement with the doctor, have chosen paid medical services that I want to receive at the GBUZ RB City Clinical Hospital No. 13 in Ufa.

I have been informed that I can receive medical care in other medical institutions regarding my disease and confirm my consent to treatment and receiving paid medical services in the State Budgetary Healthcare Institution of the Republic of Belarus, City Clinical Hospital No. 13, Ufa. In this case, I am exercising my expanded freedom of choice in receiving medical care for my condition and choosing an alternative treatment option for a fee.

I have read this informed voluntary consent, I fully understand all its points, and I agree to their use.

This informed voluntary consent is an annex to the contract for the provision of paid medical services.

____________________________________ _____________________________
patient's signature name

"______" ________________ 202__

ACT

delivery - acceptance of performed medical Services

Services under the Agreement dated "______" ________________ 202__ No. _____________ were provided/received in full and of proper quality. The Parties have no claims to each other regarding the performance of the agreement. The payment is made by the consumer in full. This act is drawn up in two copies, having equal legal force.

______________________ _____________________________/ __________________/__________________________________________/
signature full name                    signature full name
SAMPLE
Appendix No. 3.1
to Order No. ___20-OD____
from“__10__” ___01___ 2022

CONTRACT №_____
for the provision of paid medical services for dental care

Ufa
20___

The State Budgetary Healthcare Institution of the Republic of Bashkortostan City Clinical Hospital No. 13 of the city of Ufa (hereinafter referred to as the GBUZ RB City Clinical Hospital No. 13 of Ufa) is registered as a legal entity in accordance with the Unified State Register series 02 No. Federal Tax Service Inspectorate No. 39 for the Republic of Bashkortostan, hereinafter referred to as the "Contractor", represented by ______________________ acting (s) on the basis of a power of attorney dated “___” 20___, on the one hand, and a citizen (ka), ______________________, passport series No. ______________________, issued by ______________________, registered at: ______________________, hereinafter referred to as the "Consumer", on the other hand, collectively referred to as the "Parties" have entered into this agreement (hereinafter - the Agreement) as follows:

1. THE SUBJECT OF THE AGREEMENT

1.1. A contractor who has a license for medical activities dated ____________ No. ______________ issued by the Ministry of Health of the Republic of Bashkortostan, located at the address: 450002, Republic of Bashkortostan, Ufa, st. Tukaeva, 23, tel. (347) 218-80-81, provides a paid medical service to the Consumer (hereinafter referred to as the Service), according to the list of Services, and the Consumer is obliged to pay for the Service chosen by him on the terms of the Agreement.

1.2. List of rendered Services:

<table>
<thead>
<tr>
<th>Service code</th>
<th>Service name, order number</th>
<th>Guarantee</th>
<th>Quantity</th>
<th>List price, rub.</th>
<th>Amount payable, rub.</th>
</tr>
</thead>
</table>

The total cost of the Services according to the price list is:

1.3. The Contractor provides the Service in accordance with the approved procedures for the provision of medical care by the Ministry of Health of the Russian Federation, to the Consumer in the department at the address: ______________________, the responsible person from the Contractor ______________________.

1.4. The provision of medical services under this Agreement is carried out with the information voluntary consent of the Consumer (legal representative of the Consumer), given in the manner prescribed by the legislation of the Russian Federation on the protection of the health of citizens, which is signed before the date of conclusion of the Agreement, is Appendix No. 1 to this Agreement.

1.5. The consumer confirms that at the time of signing this Agreement, the Contractor:

- acquainted him with the Rules for the provision of paid medical services by medical organizations (approved by Decree of the Government of the Russian Federation of October 04, 2012 No. 1006);
- acquainted him with the Price List of prices (tariffs) for medical services, valid in the State Budgetary Institution of Health of the Republic of Belarus, City Clinical Hospital No. 13, Ufa, approved in the prescribed manner.

1.6. By signing this Agreement, the Consumer confirms that he voluntarily agreed to provide him with medical services on a paid basis.

1.7. The consumer pays for the Services rendered in the manner and within the time limits established by the contract with the Contractor.

1.8. Deadlines for the provision of medical services: from "___" ____________20___ by "___" ____________20___

1.9. In the event of a change in the term for the provision of medical services, the Parties sign an additional agreement, which is an integral part of this Agreement.

2. RIGHTS AND OBLIGATIONS OF THE PARTIES

2.1. The consumer has the right:

- require the provision of a Service of appropriate quality, information about the availability of a license and certificate, calculation of the cost of the Service provided;
- demand information about the methods of providing medical care, the risks associated with it, possible types of medical intervention, their consequences and the expected results of the provision of medical care;
- choose the attending physician;
- refuse to execute the contract for the performance of the Services at any time, subject to payment to the contractor of the expenses actually incurred by him, related to the fulfillment of obligations under this contract;
- for gratuitous elimination of shortcomings of the rendered Service;
- for reimbursement of expenses incurred by him to eliminate the shortcomings of the rendered Service on his own or by third parties;

2.2. The consumer is obliged:

- inform the Contractor prior to the provision of the Service about past illnesses, allergic reactions known to him, about the presence of especially dangerous infections, contraindications to the provision of the Service;
- follow all the recommendations of the attending physician on the methods of treatment and prosthetics of the teeth, as well as recommendations on oral hygiene;
- pay the cost of the Service by making a 100% prepayment (with the consent of the Consumer) by bank transfer to the Contractor's account or in cash through the Contractor's cash desk.

2.3. The performer has the right:

- in the event of emergency conditions, independently determine the scope of examinations, manipulations, surgical interventions necessary to establish a diagnosis, examination and provision of medical care, including those not provided for by the Agreement;
- refuse to provide the Service in the event of: the state of alcoholic, narcotic or toxic intoxication of the Consumer; inappropriate behavior during the reception; actions of the Consumer that threaten the life and health of the Contractor's personnel;
- in case of violation by the Consumer of clause 2.2. refuse to fulfill obligations under the contract only on condition of full compensation to the Contractor for losses;

2.4. The contractor is obliged:

- provide the Consumer with a qualified, high-quality Service provided for by the Agreement and maintain confidentiality;
- provide the Consumer with accessible and reliable information about the Service provided and the Consumer's health status;
- provide the Consumer with a warranty period for the medical services provided, in accordance with clause 1.2. of this agreement, in accordance with the Law on the Protection of Consumer Rights and the Regulation "On the establishment of an expiration date for types of dental care in the State Budgetary Healthcare Institution of the Republic of Belarus, City Clinical Hospital No. 13, Ufa" subject to the rules of hygiene, care and use of "dental products and materials";
- in case of failure to provide dental care on time for reasons beyond his control, appoint the Consumer a new date and time for the provision of assistance specified in this agreement.
- notify the consumer that non-compliance with the recommendations on the rules for the provision of the Services, including the prescribed treatment regimen, may reduce the quality of the paid medical service provided, make it impossible to complete it on time or adversely affect the health of the consumer.

3. RESPONSIBILITIES OF THE PARTIES

3.1. For non-fulfillment or improper fulfillment of obligations hereunder, the Parties shall be liable in the manner prescribed by the current legislation of the Russian Federation.

3.2. The harm caused to the life or health of the Consumer as a result of the provision of poor-quality paid medical services is subject to compensation by the Contractor in accordance with the legislation of the Russian Federation.

3.3. The Contractor is not responsible for the provision of medical services in an incomplete or smaller volume than provided for in this Agreement, in cases where the Consumer provides incomplete information about his health.

3.4. The Contractor shall be released from liability for non-fulfillment or improper fulfillment of its obligations under the Agreement if it proves that this happened due to force majeure, violation by the Consumer of his obligations or on other grounds provided for by the legislation of the Russian Federation.

3.5. Claims for the performance of the Services from the Consumer are accepted within the time limits stipulated by the legislation of the Russian Federation.

3.6. The Contractor represented by the Deputy Chief Medical Officer (tel.: 240-13-13) considers the claim and, if necessary, has the right to offer the Consumer a choice:
- set a new term for the provision of the Service;
- reduce the cost of the provided Service;
- perform the Service by another specialist;
- terminate the Agreement with compensation for losses in the prescribed manner;
- free of charge to eliminate the shortcomings of the rendered Service;
- terminate the Agreement and demand payment of a penalty in the amount determined by the legislation of the Russian Federation, and by agreement of the parties, the specified penalty can be paid by reducing the cost of the service provided.


3.8. The parties are released from liability for the fulfillment of obligations in the event of force majeure.

4. OTHER TERMS

4.1. If it becomes necessary to perform additional work not provided for by the contract, they are performed with the written consent of the Consumer with payment according to the approved price list with the execution of a new contract.

4.2. If it is necessary to terminate the Agreement by the Agreement of the Parties, on other grounds provided for by the current legislation of the Russian Federation.

4.3. The Parties acknowledge that on the part of the Contractor, the Contract is signed by the facsimile signature of the chief physician has equal legal force as the original signature of the chief physician.

4.4. An integral part of the Agreement is the Informed voluntary consent to receive paid medical services and the Informed voluntary consent to types of medical interventions (Appendix No. 1) and is signed before the date of conclusion of the Agreement.

4.5. If the provision of paid medical services requires the provision of additional medical services for emergency reasons to eliminate the threat to the life of the consumer in the case of sudden acute diseases, conditions, exacerbations of chronic diseases, such medical services are provided free of charge in accordance with the Federal Law "On the Basics of Protecting the Health of Citizens In Russian Federation".

4.6. This agreement is made in two identical copies, one for each Party, and comes into force from the moment of its signing and is valid until the parties fully fulfill their obligations.

4.7. The terms of this Agreement may be changed, or the Agreement may be terminated by mutual agreement of the parties with the obligatory drawing up of a written document.

5. BANK DETAILS OF THE PARTIES, ADDRESSES AND SIGNATURES OF THE PARTIES

Executor:

GBUZ RB GKB No.13 g. Ufa
450112, Republic of Bashkortostan,
Ufa, st. Nezhinskaya, 28
phone number (347) 264-45-13, 240-13-13
TIN 0273019949, KPP 027301001
PSRN 1020202397434
1 / s 20112041990, account 4060181040003000001
Branch - NB Republic of Bashkortostan
BIK 04807301, OKTMO 80701000001

Signature: _______________________/______________________

Consumer:

____________________________________________________
____________________________________________________
Passport data _________________________________________
Address ______________________________________________
Telephone: ___________________________________________
E-mail address _________________________________________

Signature: _______________________/______________________

GBUZ RB GKB No.13 g. Ufa
450112, Republic of Bashkortostan,
Ufa, st. Nezhinskaya, 28
phone number (347) 264-45-13, 240-13-13
TIN 0273019949, KPP 027301001
PSRN 1020202397434
1 / s 20112041990, account 4060181040003000001
Branch - NB Republic of Bashkortostan
BIK 04807301, OKTMO 80701000001

Signature: _______________________/______________________
Informed voluntary consent to receive paid medical services
Informed voluntary consent to types of medical interventions

On the basis of paragraph 7 of Article 30 and Article 20 of the Federal Law “On the Fundamentals of Protecting the Health of Citizens in the Russian Federation” dated November 21, 2011 No. 323-FZ, I, the undersigned, ____________________________, (Full name of the citizen) and born on “___”______ year of birth, registered at ________________________________, (address of the place of residence of a citizen or legal representative)

I wish to receive paid medical services at the State Budgetary Institution of Healthcare of the Republic of Bashkortostan City Clinical Hospital No. 13 of the city of Ufa.

I have received a full and comprehensive explanation of the proposed diagnostic measures and treatment of my disease. I have been informed about the possibilities and conditions for the provision of free medical services within the framework of the free medical care program. I agree to the provision of paid medical services and am ready to pay them.

It was explained to me that I can receive one of the types of paid medical services, as well as several types of services.

I am aware and understand that failure to comply with the instructions of a doctor providing a paid medical service, including the prescribed treatment regimen, may reduce the quality of the provided paid medical service, make it impossible to complete it on time, or adversely affect the state of health.

I am aware and understand that in order to obtain positive results of treatment, I must (a) follow all the prescriptions, recommendations and advice of the doctor.

I voluntarily, without any coercion and in agreement with the doctor, have chosen paid medical services that I want to receive at the GBUZ RB City Clinical Hospital No. 13 in Ufa.

I have been informed that I can receive medical care in other medical institutions regarding my disease and confirm my consent to treatment and receiving paid medical services in the State Budgetary Healthcare Institution of the Republic of Belarus, City Clinical Hospital No. 13, Ufa. In this case, I am exercising my expanded freedom of choice in receiving medical care for my condition and choosing an alternative treatment option for a fee.

I am familiar with (a) the current price list and agree (a) in accordance with it to pay the cost of the selected medical service by making a 100% prepayment.

I have read this informed voluntary consent, I fully understand all its points, and I agree to their use.

This informed voluntary consent is an annex to the contract for the provision of paid medical services.

______________________________
patient’s signature name

“___”_________________ 20____

ACT
delivery - acceptance of performed dental services

Name of the patient ______________________________________________________________

Ds: ______________________________________________

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<th>Name of service</th>
<th>Qty</th>
<th>Guarantee</th>
<th>Life time</th>
<th>Price</th>
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Services under the Contract dated “___”___________ 20_____ No. ____________ rendered/received in full. The Parties have no claims to each other regarding the performance of the agreement. The payment is made by the consumer in full. This act is drawn up in two copies, having equal legal force.

______________________________
______________________________
The work was performed by the doctor ____________________________
The date _______________________

This act is an integral part of the contract.
**SAMPLE**

**CONTRACT №______**

for the provision of paid medical services for dental care
(orthodontic services)

Ufa "___" __________________ twenty

1. **THE SUBJECT OF THE AGREEMENT**

1.1. A contractor who has a license for medical activities dated ____________ No. ____________________ issued by the Ministry of Health of the Republic of Bashkortostan, located at the address: 450002, Republic of Bashkortostan, Ufa, st. Tukaeva, 23, tel. (347) 218-00-81, provides a paid medical service to the Consumer (hereinafter referred to as the "Contractor"), represented by __________________ acting (s) on the basis of a power of attorney dated "___" 20__, on the one hand, and a citizen (ka), ______________________________________________________________, passport series __________ No. ________________, issued by __________________________________________, registered at: ____________________________________________________________, hereinafter referred to as the "Consumer", on the other hand, collectively referred to as the "Parties" have entered into this agreement (hereinafter - the Agreement) as follows:

1.2. List of rendered Services:

<table>
<thead>
<tr>
<th>Service code</th>
<th>Service name, order number</th>
<th>Guarantee</th>
<th>Quantity</th>
<th>List price, rub.</th>
<th>Amount payabl e, rub.</th>
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The total cost of the Services according to the price list is:

1.3. The Contractor provides the Service in accordance with the approved procedures for the provision of medical care by the Ministry of Health of the Russian Federation, to the Consumer in the department _______________ of the Health of the Russian Federation, located at the address: ______________________________________________________________, the responsible person from the Contractor is __________________________.

1.4. The provision of medical services under this Agreement is carried out with the information voluntary consent of the Consumer (legal representative of the Consumer), given in the manner prescribed by the legislation of the Russian Federation on the protection of the health of citizens, which is signed before the date of conclusion of the Agreement, is Appendix No. 1 to this Agreement.

1.5. The consumer confirms that at the time of signing this Agreement, the Contractor:

- acquainted him with the Rules for the provision of paid medical services by medical organizations (approved by Decree of the Government of the Russian Federation of October 04, 2012 No. 1006);
- acquainted him with the Price List of prices (tariffs) for medical services, valid in the State Budgetary Institution of Health of the Republic of Belarus, City Clinical Hospital No. 13, Ufa, approved in the prescribed manner.

1.6. By signing this Agreement, the Consumer confirms that he voluntarily agreed to provide him with medical services on a paid basis.

1.7. The consumer pays for the Services render ed in the manner and within the time limits established by the contract with the Contractor.

1.8. Deadlines for the provision of medical services: from "___" ___________20__, by "___" ____________________ 20__

1.9. In the event of a change in the term for the provision of medical services, the Parties sign an additional agreement, which is an integral part of this Agreement.

2. **RIGHTS AND OBLIGATIONS OF THE PARTIES**

2.1. The consumer has the right:

- require the provision of a Service of appropriate quality, information about the availability of a license and certificate, calculation of the cost of the Service provided;
- demand information about the methods of providing medical care, the risks associated with it, possible types of medical intervention, their consequences and the expected results of the provision of medical care;
- choose the attending physician (subject to his consent);
- refuse to execute the contract for the performance of the Services at any time, subject to payment to the contractor of the expenses actually incurred by him, related to the fulfillment of obligations under this contract.
- for gratuitous elimination of shortcomings of the rendered Service;
- for reimbursement of expenses incurred by him to eliminate the shortcomings of the rendered Service;
- for reimbursement of expenses incurred by him to eliminate the shortcomings of the rendered Service on his own or by third parties.

2.2. The consumer is obliged:

- inform the Contractor prior to the provision of the Service about past illnesses, allergic reactions known to him, about the presence of especially dangerous infections, contraindications to the provision of the Service;
- follow all the recommendations of the attending physician on treatment methods, on oral hygiene, including recommendations on taking products;
- Regularly appear at the doctor's appointment at a strictly appointed time;
- pay the cost of the Service by making a 100% prepayment (with the consent of the Consumer) by bank transfer to the Contractor's account or in cash through the Contractor's cash desk;
- payment for orthodontic work is made in stages, in accordance with the treatment plan;
- in the event of a breakdown of the apparatus, detachment of elements fixed on the teeth - pay the cost of repair, re-fixation;
- undergo preventive treatment prescribed by an orthodontist before fixing the orthodontic apparatus;
- keep X-ray and plaster models of the jaws during orthodontic treatment and five years after its completion;
- after the end of orthodontic treatment, follow all the doctor's recommendations to prevent relapse (repetition) and attend scheduled preventive examinations;
- if it is necessary to manufacture retention devices, pay their cost according to the price list.

2.4. The contractor is obliged:
- provide the Consumer with a qualified, high-quality Service provided for by the Agreement and maintain confidentiality;
- provide the Consumer with accessible and reliable information about the Service provided and the Consumer's health status;
- provide the Consumer with a warranty period for the medical services provided, in accordance with clause 1.2. of this agreement, in accordance with the Law on the Protection of Consumer Rights and the Regulation "On the establishment of an expiration date for types of dental care in the State Budgetary Healthcare Institution of the Republic of Belarus, City Clinical Hospital No. 13, Ufa" subject to the rules of hygiene, care and use of "dental products and materials";
- in case of failure to provide dental care on time for reasons beyond his control, appoint the Consumer a new date and time for the provision of assistance specified in this agreement.
- notify the consumer that non-compliance with the recommendations on the rules for the provision of the Services, including the prescribed treatment regimen, may reduce the quality of the paid medical service provided, make it impossible to complete it on time or adversely affect the health of the consumer.

3. RESPONSIBILITIES OF THE PARTIES

3.1. For non-fulfillment or improper fulfillment of obligations hereunder, the Parties shall be liable in the manner prescribed by the current legislation of the Russian Federation.

3.2. The harm caused to the life or health of the Consumer as a result of the provision of poor-quality paid medical services is subject to compensation by the Contractor in accordance with the legislation of the Russian Federation.

3.3. The Contractor is not responsible for the provision of medical services in an incomplete or smaller volume than provided for in this Agreement, in cases where the Consumer provides incomplete information about his health.

3.4. The Contractor shall be released from liability for non-fulfillment or improper fulfillment of its obligations under the Agreement if it proves that this happened due to force majeure, violation by the Consumer of his obligations or on other grounds provided for by the legislation of the Russian Federation.

3.5. Claims for the performance of the Services from the Consumer are accepted within the time limits stipulated by the legislation of the Russian Federation.

3.6. The Contractor represented by the Deputy Chief Medical Officer (tel.: 240-13-13) considers the claim and, if necessary, has the right to offer the Consumer a choice:
- set a new term for the provision of the Service;
- reduce the cost of the provided Service;
- perform the Service by another specialist;
- terminate the Agreement with compensation for losses in the prescribed manner;
- free of charge to eliminate the shortcomings of the rendered Service;
- terminate the Agreement and demand payment of a penalty in the amount determined by the legislation of the Russian Federation, and by agreement of the parties, the specified penalty can be paid by reducing the cost of the service provided.


3.8. The parties are released from liability for the fulfillment of obligations in the event of force majeure.

4. OTHER TERMS

4.1. If it becomes necessary to perform additional work not provided for by the contract, they are performed with the written consent of the Consumer with payment according to the approved price list with the execution of a new contract.

4.2. The Agreement may be terminated by the Agreement of the Parties, on other grounds provided for by the current legislation of the Russian Federation.

4.3. The Parties acknowledge that on the part of the Contractor, the Contract is signed by the facsimile signature of the chief physician and has equal legal force as the original signature of the chief physician.

4.4. If the provision of paid medical services requires the provision of additional medical services for emergency reasons to eliminate the threat to the life of the consumer in case of sudden acute diseases, conditions, exacerbations of chronic diseases, such medical services are provided free of charge in accordance with the Federal Law “On the Basics of Protecting the Health of Citizens In Russian federation”.

4.5. This agreement is made in two identical copies, one for each Party, and comes into force from the moment of its signing and is valid until the parties fully fulfill their obligations.

4.6. The terms of this Agreement may be changed, or the Agreement may be terminated by mutual agreement of the parties with the obligatory drawing up of a written document.
5. BANK DETAILS OF THE PARTIES, ADDRESSES AND SIGNATURES OF THE PARTIES

Executor:

GBUZ RB City Clinical Hospital No. 13, Ufa
450112, Republic of Bashkortostan, Ufa, st. Nezhinskaya, 28
phone number (347) 264-45-13, 240-13-13
TIN 0273019949, KPP 027301001
PSRN 1020202397434
I / s 20112041990, account 40601810400003000001
Branch - NB Republic of Bashkortostan
BIK 048073001, OKTMO 80701000001

Signature: ___________________________ / ___________________________

Consumer:

_______________________________________________________________
_______________________________________________________________
Passport data ___________________________________________
________________________________________________________
Address __________________________________________________
__________________________________________________
Telephone: __________________________________________________
E-mail address ____________________________________

Signature: ___________________________ / ___________________________
Informed voluntary consent to receive paid medical services

Informed voluntary consent to types of medical interventions


I, the undersigned, am ___________________________________________________________________ “___”_________ ______ year of birth, registered at ______________________________________________________________________________________________________

(address of the place of residence of a citizen or legal representative)

I wish to receive paid medical services at the State Budgetary Institution of Healthcare of the Republic of Bashkortostan City Clinical Hospital No. 13 of the city of Ufa.

I have received a full and comprehensive explanation of the proposed diagnostic measures and treatment of my disease, I have been informed about the possibilities and conditions for the provision of free medical services within the framework of the free medical care program, I agree to the provision of paid medical services and am ready ) to pay them.

It was explained to me that I can receive one of the types of paid medical services, as well as several types of services.

I am aware and understand that failure to comply with the instructions of a doctor providing a paid medical service, including the prescribed treatment regimen, may reduce the quality of the provided paid medical service, make it impossible to complete it on time, or adversely affect the state of health.

I am aware and understand that in order to obtain positive results of treatment, I must (a) follow all the prescriptions, recommendations and advice of the doctor.

I voluntarily, without any coercion and in agreement with the doctor, have chosen paid medical services that I want to receive at the GBUZ RB City Clinical Hospital No. 13 in Ufa.

I have been informed that I can receive medical care in other medical institutions regarding my disease and confirm my consent to treatment and receiving paid medical services in the State Budgetary Healthcare Institution of the Republic of Belarus, City Clinical Hospital No. 13, Ufa. In this case, I am exercising my expanded freedom of choice in receiving medical care for my condition and choosing an alternative treatment option for a fee.

I am familiar with (a) the current price list and agree (a) in accordance with it to pay the cost of the selected medical service by making a 100% prepayment.

I have read this informed voluntary consent, I fully understand all its points, and I agree to their use.

This informed voluntary consent is an annex to the contract for the provision of paid medical services.

patient's signature name "______" __________________ 20____

ACT

delivery - acceptance of performed dental services

Name of the patient ______________________________________________________________

Ds:

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Services under the Contract dated "___" 20___ No. __________ rendered/received in full. The Parties have no claims to each other regarding the performance of the agreement. The payment is made by the consumer in full. This act is drawn up in two copies, having equal legal force.

/__________________/ ____________________________  

The work was performed by the doctor_________________ (__________________)

The date__________________

This act is an integral part of the contract.
CONTRACT No.______  for the provision of paid medical services for treatment in self-supporting wards

Ufa "__" ______________ 20___

The State Budgetary Healthcare Institution of the Republic of Bashkortostan City Clinical Hospital No. 13 of the city of Ufa (hereinafter referred to as the "Contractor", acting on the basis of a power of attorney dated "__" __________ 20___), on the one hand, and a citizen (ka), _______________________________________________________, passport series __________, issued by __________________________________________, registered at: __________________________________________________________, hereinafter referred to as the "Consumer", on the other hand, collectively referred to as the "Parties" have entered into this agreement (hereinafter - the Agreement) as follows:

1. THE SUBJECT OF THE AGREEMENT

1.1. A contractor who has a license for medical activities dated __________ No. ____________________ issued by the Ministry of Health of the Republic of Bashkortostan, located at the address: 450002, Republic of Bashkortostan, Ufa, st. Tukaeva, 23, tel. (347) 218-00-81, provides a paid medical service in self-supporting wards to the Consumer (hereinafter referred to as the Service), according to the list of Services, and the Consumer is obliged to pay for the Service chosen by him on the terms of this Agreement.

1.2. List of rendered Services:
1.2.1. The cost of treatment for one day in the ____________________________ department is ______ rubles.
1.2.2. The amount of expenses for standard paraclinical studies (examinations) for the course of treatment is _______ rubles.
1.2.3. Number of bed-days of treatment in the department ________________________________________________
1.2.4. The total cost of the Services according to the price list is: __________________________ rubles.
1.3. Service provision period: ________________________________________________________________
1.4. Service code ________________________________________________________________
1.5. The provision of medical services under this Agreement is carried out with the information voluntary consent of the Consumer (legal representative of the Consumer), given in the manner prescribed by the legislation of the Russian Federation on the protection of the health of citizens, which is signed before the date of conclusion of the Agreement, is Appendix No. 1 to this Agreement.
1.6. The consumer confirms that at the time of signing this Agreement, the Contractor:
- acquainted him with the Rules for the provision of paid medical services by medical organizations (approved by Decree of the Government of the Russian Federation of October 04, 2012 No. 1006)
- acquainted him with the Price List of prices (tariffs) for medical services, valid in the State Budgetary Institution of Health of the Republic of Belarus, City Clinical Hospital No. 13, Ufa, approved in the prescribed manner.
1.7. In the event of a change in the term for the provision of medical services, the Parties sign an additional agreement, which is an integral part of this Agreement.

2. RIGHTS AND OBLIGATIONS OF THE PARTIES

2.1. The consumer has the right:
- to receive a copy of the service agreement;
- to receive a copy of the commercial service list from the contractor;
- to receive a breakdown of the services provided;
- to receive a copy of the invoice;
- to agree to the terms of the contract;
- to refuse to order the service;
- to refuse to pay for the service;
- to demand information about the methods of providing medical care, the risks associated with it, possible types of medical intervention, their consequences and the expected results of the provision of medical care;
- to choose the attending physician;
- to reliable, timely and complete information about the state of their health;
- to voluntary consent and refusal of medical intervention;
- at will, choose medicines prescribed by the attending physician that are not included in the list of vital and essential medicines for its use in treatment (in accordance with paragraph 28, part II "Prescribing medicines when providing medical care in a hospital" Order of December 20, 2012 N 1175n “On approval of the procedure for prescribing and prescribing medicines, as well as forms of prescription forms for medicines, the procedure for issuing these forms, their accounting and storage”), having issued informed voluntary consent as an annex to this agreement;
- not to be held liable for the costs of the Services not provided;
- to request a written confirmation of the service provided;
- for gratuitous elimination of shortcomings of the rendered Service;
- for reimbursement of expenses incurred by the contractor to eliminate the shortcomings of the rendered Service on his own or by third parties.

2.2. The consumer is obliged:
- to reliably and fully report data related to the history of life, anamnesis of the disease, inform about all previous diseases, including chronic, infectious and venereal, all types of allergic reactions, existing neuropsychiatric disorders (epilepsy, etc.), HIV infection (AIDS), diabetes mellitus, existing pathological and physiological addictions (alcohol, drugs), previous and existing blood diseases (anemia, etc.), as well as existing prolonged bleeding, rheumatic diseases, congenital or acquired heart defects, cardiovascular diseases (heart failure, coronary insufficiency, coronary heart disease, hypertension, hypotension, heart attack), other vascular diseases (stroke, atherosclerosis, etc.), the presence of...
a pacemaker or a prosthetic heart valve, injuries, respiratory diseases, other features of the anamnesis of life and diseases that have to be treated, including information about constantly taking drugs;
- fulfill the requirements that ensure the quality provision of the Service, including the provision of the information necessary for this;
- follow all the recommendations of the attending physician on treatment methods;
- present an identity document when concluding the Agreement;
- strictly follow the prescriptions and recommendations of the attending physician;
- strictly observe the order and regime established in the Contractor's premises;
- pay the cost of the Service by making a 100% prepayment (with the consent of the Consumer) by bank transfer to the Contractor's account or in cash through the Contractor's cash desk.

2.3. The performer has the right:
- replace the attending physician in the event of an objective impossibility to carry out treatment by this specialist, and also, if necessary, refer the Consumer for consultation with other specialists;
- independently, represented by the Contractor's specialists, select the tactics and methods of treatment, the method of anesthesia, the selection of materials and medicines, determine the scope of diagnostic, preventive and therapeutic measures in accordance with medical indications;
- in the event of emergency conditions, independently determine the scope of examinations, manipulations, surgical interventions necessary to establish a diagnosis, examination and provision of emergency medical care, including those not provided for by the Agreement;
- refuse the Consumer to provide the Service if the Consumer fails to comply with the recommendations on the rules for the provision of the Service and / or identified contraindications for health reasons;
- to prescribe medicines that are not included in the list of vital and essential medicines, having obtained the written informed consent of the consumer.

2.4. The contractor is obliged:
- provide the Consumer with free, accessible and reliable information, including information about the location of the Hospital (place of state registration), working hours, a list of paid medical services with an indication of their cost, on the conditions for the provision and receipt of these services, including information on benefits for certain categories of citizens, as well as information on the qualifications and certification of specialists, as well as provide the Consumer with information on the progress of the provision of medical services, a medical card and other documents for review;
- provide the Services constituting the subject of the Agreement in a quality manner and within the time period established by the Agreement;
- provide the Services that are the subject of the Agreement in accordance with the methods of diagnostics, prevention and treatment permitted for use in the territory of the Russian Federation;
- maintain a medical record of an inpatient;
- observe medical secrecy regarding information about the fact of applying for medical care, the health status of the Consumer, the diagnosis of his illness and other information obtained during his examination and treatment;
- replace the attending physician at the request of the Consumer, made in writing, if there is a good reason and an objective opportunity on the part of the Contractor;
- if necessary, refer the Consumer to inpatient treatment to provide certain types of operational surgical care to other medical institutions;
- notify the Consumer about the circumstances that objectively impede the possibility of providing the Services.
- notify the consumer that non-compliance with the recommendations on the rules for the provision of the Services, including the prescribed treatment regimen, may reduce the quality of the paid medical service provided, make it impossible to complete it on time or adversely affect the health of the consumer.

3. PAYMENT PROCEDURE

3.1. The price of the Agreement consists of the cost of medical services and expenses (expenses) of the Contractor associated with the provision of Services to the Consumer.
3.2. If during the provision of the Service an objective need is revealed to change the treatment plan planned and agreed upon by the Parties, which entails a change in the price of the Agreement due to an increase (change) in the scope of work, the cost of services specified in clause 1.2. of the Agreement, may be adjusted by the Parties both upwards and downwards.
3.3. Payment is made in rubles in a non-cash form or in cash by depositing funds into the cash desk of the Contractor or in a mixed (cash, non-cash) manner.
3.4. Payment under the contract can be made by a third party.

4. RESPONSIBILITIES OF THE PARTIES

4.1. For non-fulfillment or improper fulfillment of obligations hereunder, the Parties shall be liable in the manner prescribed by the current legislation of the Russian Federation.
4.2. The harm caused to the life or health of the Consumer as a result of the provision of poor-quality paid medical services is subject to compensation by the Contractor in accordance with the legislation of the Russian Federation.
4.3. The Contractor is not responsible for the provision of medical services in an incomplete or smaller volume than provided for in this Agreement, in cases where the Consumer provides incomplete information about his health.
4.4. Claims for the performance of the Services from the Consumer are accepted within the time limits stipulated by the legislation of the Russian Federation. The Contractor considers the claim and offers the Consumer a choice:
- appoint a new term for the provision of the Service;
- reduce the cost of the provided Service;
- perform the Service by another specialist;
- terminate the Agreement with compensation for losses in the prescribed manner;
- free of charge to eliminate the shortcomings of the rendered Service;
4.5. The Consumer is obliged to fully compensate the Contractor for the losses incurred if the Contractor was unable to provide the Service or was forced to stop providing it due to the fault of the Consumer.


4.7. The parties are released from liability for the fulfillment of obligations in the event of force majeure.

5. OTHER TERMS

5.1. When clarifying the diagnosis, identifying concomitant diseases, the need arises to perform additional work not provided for by the Contract, they are performed with the written consent of the Consumer with payment according to the approved Price List, with the execution of an additional agreement to the Contract, which is an integral annex to the Contract.

5.2. The Agreement may be terminated by agreement of the Parties, on other grounds provided for by the current legislation of the Russian Federation.

5.3. The Parties acknowledge that on the part of the Contractor, the Contract is signed by the facsimile signature of the chief physician and has equal legal force as the original signature of the chief physician.

5.4. This agreement is made in two identical copies, one for each Party, and comes into force from the moment of its signing and is valid until the parties fully fulfill their obligations.

5.5. The terms of this Agreement may be changed, or the Agreement may be terminated by mutual agreement of the parties with the obligatory drawing up of a written document.

5.6. The documents confirming the fact of the provision of the service are the Extract from the medical history and the Certificate of Services Rendered.

5.7. An integral part of the Agreement is the Informed voluntary consent to receive paid medical services and the Informed voluntary consent to types of medical interventions (Appendix No. 1) and is signed before the date of conclusion of the Agreement.

5.8. If the provision of paid medical services requires the provision of additional medical services for emergency reasons to eliminate the threat to the life of the consumer in case of sudden acute diseases, conditions, exacerbations of chronic diseases, such medical services are provided free of charge in accordance with the Federal Law "On the Basics of Protecting the Health of Citizens In Russian federation”.

6. BANK DETAILS, ADDRESSES AND SIGNATURES OF THE PARTIES

Executor:  
GBUZ RB GKB No.13 g. Ufa  
450112, Republic of Bashkortostan,  
Ufa, st. Nezhinskaya, 28  
phone number (347) 264-45-13, 240-13-13  
TIN 0273019949, KPP 027301001  
PSRN 1020202397434  
1/s 20112041990, account 40601810400003000001  
Branch - NB Republic of Bashkortostan  
BIK 048073001, OKTMO 80701000001

Consumer:  
________________________________________________________  
________________________________________  
Passport data __________________________________  
____________________________________  
Address ______________________________________________  
____________________________________________________  
Telephone: ___________________________________________  
E-mail address _____________________________  
Signature:_________________________  
____________________/__________________  
Full name
Informed voluntary consent to receive paid medical services of types of medical interventions

On the basis of paragraph 7 of Article 30 and Article 20 of the Federal Law "On the Fundamentals of Protecting the Health of Citizens in the Russian Federation" dated November 21, 2011 No. 323-FZ,
I, the undersigned, am ________________________________ “ ” _____________ year of birth.
registered at ________________________________ (Full name of the citizen)
(address of the place of residence of a citizen or legal representative)

I wish to receive paid medical services at the State Budgetary Institution of Healthcare of the Republic of Bashkortostan City Clinical Hospital No. 13 of the city of Ufa.

I have received a full and comprehensive explanation of the proposed diagnostic measures and treatment of my disease, I have been informed about the possibilities and conditions for the provision of free medical services within the framework of the free medical care program, I agree to the provision of paid medical services and am ready to pay them.

It was explained to me that I can receive one of the types of paid medical services, as well as several types of services.

I am aware and understand that failure to comply with the instructions of a doctor providing a paid medical service, including the prescribed treatment regimen, may reduce the quality of the provided paid medical service, make it impossible to complete it on time, or adversely affect the state of health.

I am aware and understand that in order to obtain positive results of treatment, I must (a) follow all the prescriptions, recommendations and advice of the doctor.

I voluntarily, without any coercion and in agreement with the doctor, have chosen paid medical services that I want to receive at the GBUZ RB City Clinical Hospital No. 13 in Ufa.

I have been informed that I can receive medical care in other medical institutions regarding my disease and confirm my consent to treatment and receiving paid medical services in the State Budgetary Healthcare Institution of the Republic of Belarus, City Clinical Hospital No. 13, Ufa. In this case, I am exercising my expanded freedom of choice in receiving medical care for my condition and choosing an alternative treatment option for a fee.

I am familiar with (a) the current price list and agree (a) in accordance with it to pay the cost of the selected medical service by making a 100% prepayment.

I have read this informed voluntary consent, I fully understand all its points, and I agree to their use.

This informed voluntary consent is an annex to the contract for the provision of paid medical services.

patient's signature name ________________________________
“ ” __________________ 2018

ACT
services rendered to Contract No. ____________ dated “ ” ____________ 20__
for the provision of paid medical services for treatment in self-supporting wards
Ufa “ ” ____________ 20__

We, the undersigned, State Budgetary Health Institution of the Republic of Bashkortostan City Clinical Hospital No. 13 of the city of Ufa, hereinafter referred to as the "Contractor", represented by the chief physician ________________________________ acting on the basis of the Charter, on the one hand, and a citizen (ka), ________________________________, hereinafter referred to as the "Consumer", on the other hand, collectively referred to as the "Parties" have concluded this Act (hereinafter referred to as the Act) on the following:

1. "________" ____________ 201__ between the Contractor and the Consumer, an Agreement was concluded for the provision of paid medical services in self-supporting chambers.

2. Within the terms established by the Agreement, the Contractor provided medical Services to the Consumer (for treatment, paraclinical research, expenses for medicines) for a total amount of __________________________ rubles.

Underline whatever applicable

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3. In accordance with the terms of the Agreement, based on the results of treatment, the Consumer was provided with an Extract.

4. On the basis of the foregoing, the Parties declare that the services under the contract were rendered in full, of proper quality, they have no claims to each other regarding the execution of the Contract.

5. Payment by the Consumer is made in full.

6. The parties acknowledge that on the part of the Contractor the Act is signed by the facsimile signature of the chief physician and has the same legal force as the original signature of the chief physician.

7. This act of services rendered is drawn up in two copies, having equal legal force, one copy for each of the Parties.

SIGNATURES OF THE PARTIES:

Executor: ________________________________
Consumer: ________________________________

GBUZ RB GKB No.13 g. Ufa

Signature ________________________________
Signature ________________________________

The act on the part of the Contractor is signed by the facsimile signature of the chief physician

Head of _____________________ Department ______ (___________________)
Signature Full name
CONTRACT №__
for the provision of paid medical services for treatment in self-supporting wards (for surgical departments)
Ufa "__" __________ 20__

The State Budgetary Healthcare Institution of the Republic of Bashkortostan City Clinical Hospital No. 13 of the city of Ufa (hereinafter referred to as the GBUZ RB City Clinical Hospital No. 13 of Ufa) is registered as a legal entity in accordance with the Unified State Register series 02 No. Federal Tax Service Inspectorate No. 39 for the Republic of Bashkortostan, hereinafter referred to as the "Contractor", represented by ______________________ acting (s) on the basis of a power of attorney dated "______" ___________ 20__, on the one hand, and a citizen (ka), __________________________, passport series _________ No. ___________, issued by __________________________, registered at: ___________________________ hereinafter referred to as the "Consumer", on the other hand, collectively referred to as the "Parties" have entered into this agreement (hereinafter - the Agreement) as follows:

1. THE SUBJECT OF THE AGREEMENT

1.1. A contractor who has a license for medical activities dated ______ No. ___________ issued by the Ministry of Health of the Republic of Bashkortostan, located at the address: 450002, Republic of Bashkortostan, Ufa, st. Tukaeva, 23, tel. (347) 218-00-81, provides a paid medical service in self-supporting wards to the Consumer (hereinafter referred to as the Service), according to the list of Services, and the Consumer is obliged to pay for the Service chosen by him on the terms of this Agreement.

1.2. List of provided Services:

1.2.1. The cost of surgical intervention is _________________________ rubles.
1.2.2. The amount of expenses for anesthesia is ___________ rubles.
1.2.3. The cost of treatment for one day in the department is __________________________ rubles.
1.2.4. The amount of expenses for standard paraclinical examinations (examinations) for a course of treatment is __________ rubles.
1.2.5. Number of bed-days of treatment in the department ___________________________.
1.2.6. The total cost of the Services according to the price list is: ___________ rubles.

1.3. Terms of Service provision: _____________________________________________________________________________________.

1.4. Service code _____________________________________________________________________________________.

1.5. The provision of medical services under this Agreement is carried out with the information voluntary consent of the Consumer (legal representative of the Consumer), given in the manner prescribed by the legislation of the Russian Federation on the protection of the health of citizens, which is signed before the date of conclusion of the Agreement, is Appendix No. 1 to this Agreement.

1.6. The consumer confirms that at the time of signing this Agreement, the Contractor:

- acquainted him with the Rules for the provision of paid medical services by medical organizations (approved by Decree of the Government of the Russian Federation of October 04, 2012 No. 1006);
- acquainted him with the Price List of prices (tariffs) for medical services, valid in the State Budgetary Institution of Health of the Republic of Belarus, City Clinical Hospital No. 13, Ufa, approved in the prescribed manner.

1.7. By signing this Agreement, the Consumer confirms that he voluntarily agreed to provide him with medical services on a paid basis.

1.8. In the event of a change in the term for the provision of medical services, the Parties sign an additional agreement, which is an integral part of this Agreement.

2. RIGHTS AND OBLIGATIONS OF THE PARTIES

2.1. The consumer has the right:

- require the provision of a Service of appropriate quality, information about the availability of a license and certificate, calculation of the cost of the Service provided;
- demand information about the methods of providing medical care, the risks associated with it, possible types of medical intervention, their consequences and the expected results of the provision of medical care;
- choose the attending physician;
- to reliable, timely and complete information about the state of their health;
- voluntary consent and refusal of medical intervention;
- for gratuitous elimination of shortcomings of the rendered Service;
- for reimbursement of expenses incurred by him to eliminate the shortcomings of the rendered Service on his own or by third parties;
- at will, choose medicines prescribed by the attending physician that are not included in the list of vital and essential medicines for its use in treatment (in accordance with paragraph 28, part II "Prescribing medicines when providing medical care in a hospital” Order of December 2012 N 1175n “On approval of the procedure for prescribing and prescribing medicines, as well as forms of prescription forms for medicines, the procedure for issuing these forms, their accounting and storage”), having issued informed voluntary consent as an annex to this agreement;
- refuse to execute the contract for the performance of the Services at any time, subject to payment to the contractor of the expenses actually incurred by him, related to the fulfillment of obligations under this contract.

2.2. The consumer is obliged:

- Reliably and fully report data related to the history of life, anamnesis of the disease, inform about all previous diseases, including chronic, infectious and venereal, all types of allergic reactions, existing neuropsychiatric disorders (epilepsy, etc.), HIV infection (AIDS), diabetes mellitus, existing pathological and physiological addictions (alcohol, drugs), previous and existing blood diseases (anemia, etc.), as well as existing prolonged bleeding, rheumatic diseases, congenital or acquired heart defects, cardiovascular diseases (heart failure, coronary insufficiency, coronary heart disease, hypertension, hypotension, heart attack), other vascular diseases (stroke, atherosclerosis, etc.), the presence of
a pacemaker or a prosthetic heart valve, injuries, respiratory diseases, other features of the anamnesis of life and diseases that have to be treated, including information about constantly taking drugs;
- fulfill the requirements that ensure the quality provision of the Service, including the provision of the information necessary for this;
- follow all the recommendations of the attending physician on treatment methods;
- present an identity document when concluding the Agreement;
- strictly follow the prescriptions and recommendations of the attending physician;
- strictly observe the order and regime established in the Contractor's premises;
- pay the cost of the Service by making a 100% prepayment (with the consent of the Consumer) by bank transfer to the Contractor's account or in cash through the Contractor's cash desk.

2.3. The performer has the right:
- replace the attending physician in the event of an objective impossibility to carry out treatment by this specialist, and also, if necessary, refer the Consumer for consultation with other specialists;
- independently, represented by the Contractor's specialists, select the tactics and methods of treatment, the method of anesthesia, the selection of materials and medicines, determine the scope of diagnostic, preventive and therapeutic measures in accordance with medical indications;
- in the event of emergency conditions, independently determine the scope of examinations, manipulations, surgical interventions necessary to establish a diagnosis, examination and provision of emergency medical care, including those not provided for by the Agreement;
- refuse the Consumer to provide the Service if the Consumer fails to comply with the recommendations on the rules for the provision of the Service and/or identified contraindications for health reasons;
- to prescribe medicines that are not included in the list of vital and essential medicines, having obtained the written informed consent of the consumer.

2.4. The contractor is obliged:
- provide the Consumer with free, accessible and reliable information, including information about the location of the Hospital (place of state registration), working hours, a list of paid medical services with an indication of their cost, on the conditions for the provision and receipt of these services, including information on benefits for certain categories of citizens, as well as information on the qualifications and certification of specialists, as well as provide the Consumer with information on the progress of the provision of medical services, a medical card and other documents for review;
- provide the Services that are the subject of the Agreement in accordance with the methods of diagnostics, prevention and treatment permitted for use in the territory of the Russian Federation;
- maintain a medical record of an inpatient;
- observe medical secrecy regarding information about the fact of applying for medical care, the health status of the Consumer, the diagnosis of his illness and other information obtained during his examination and treatment;
- replace the attending physician at the request of the Consumer, made in writing, if there is a good reason and an objective opportunity on the part of the Contractor;
- if necessary, refer the Consumer to inpatient treatment to provide certain types of operational surgical care to other medical institutions;
- notify the Consumer about the circumstances that objectively impede the possibility of providing the Services.
- notify the consumer that non-compliance with the recommendations on the rules for the provision of the Services, including the prescribed treatment regimen, may reduce the quality of the paid medical service provided, make it impossible to complete it on time or adversely affect the health of the consumer.

3. Payment Procedure

3.1. The price of the Agreement consists of the cost of medical services and expenses (expenses) of the Contractor associated with the provision of Services to the Consumer.
3.2. If during the provision of the Service an objective need is revealed to change the treatment plan planned and agreed upon by the Parties, which entails a change in the price of the Agreement due to an increase (change) in the scope of work, the cost of services specified in clause 1.2. of the Agreement, may be adjusted by the Parties both upwards and downwards.
3.3. Payment is made in rubles in a non-cash form or in cash by depositing funds into the cash desk of the Contractor or in a mixed (cash, non-cash) manner.
3.4. Payment under the contract can be made by a third party.

4. Responsibilities of the Parties

4.1. For non-fulfillment or improper fulfillment of obligations hereunder, the Parties shall be liable in the manner prescribed by the current legislation of the Russian Federation.
4.2. The harm caused to the life or health of the Consumer as a result of the provision of poor-quality paid medical services is subject to compensation by the Contractor in accordance with the legislation of the Russian Federation.
4.3. The Contractor is not responsible for the provision of medical services in an incomplete or smaller volume than provided for in this Agreement, in cases where the Consumer provides incomplete information about his health.
4.4. Claims for the performance of the Services from the Consumer are accepted within the time limits stipulated by the legislation of the Russian Federation. The Contractor considers the claim and offers the Consumer a choice:
- appoint a new term for the provision of the Service;
- reduce the cost of the provided Service;
- perform the Service by another specialist;
- terminate the Agreement with compensation for losses in the prescribed manner;
- free of charge to eliminate the shortcomings of the rendered Service;
- terminate the contract and demand payment of a penalty in the amount determined by the legislation of the Russian Federation, and by agreement of the parties, the specified penalty can be paid by reducing the cost of the Service provided.

4.5. The Consumer is obliged to fully compensate the Contractor for the losses incurred if the Contractor was unable to provide the Service or was forced to stop providing it due to the fault of the Consumer.
4.6. In cases not provided for by the terms of this agreement, the parties are guided by the current legislation of the Russian Federation, Federal Law of November 21, 2011. No. 323-FZ “On the fundamentals of protecting the health of citizens in the Russian Federation”, Federal
5. OTHER TERMS

5.1. When clarifying the diagnosis, identifying concomitant diseases, the need arises to perform additional work not provided for by the Contract, they are performed with the written consent of the Consumer with payment according to the approved Price List, with the execution of an additional agreement to the Contract, which is an integral annex to the Contract.

5.2. The Agreement may be terminated by agreement of the Parties, on other grounds provided for by the current legislation of the Russian Federation.

5.3. The Parties acknowledge that on the part of the Contractor, the Contract is signed by the facsimile signature of the chief physician and has equal legal force as the original signature of the chief physician.

5.4. This agreement is made in two identical copies, one for each Party, and comes into force from the moment of its signing and is valid until the parties fully fulfill their obligations.

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6. BANK DETAILS, ADDRESSES AND SIGNATURES OF THE PARTIES

Executor:

GBUZ RB GKB No.13 g. Ufa
450112, Republic of Bashkortostan,
Ufa, st. Nezhinskaya, 28
phone number (347) 264-45-13, 240-13-13
TIN 0273019949, KPP 027301001
PSRN 1020202397434
1/ s 20112041990, account 40601810400003000001
Branch - NB Republic of Bashkortostan
BIK 048073001, OKTMO 80701000001

Signature: ___________________________ / ___________________________

Consumer:

______________________________

Passport data __________________________

______________________________

Address __________________________

______________________________

Telephone: __________________________

E-mail address __________________________

Signature: ___________________________/ ___________________________

Full name
I, the undersigned, am ________________________________ "___" ___________ year of birth,
registered at ____________________________________________

__________________________

(Head of ___________________)

__________________________

(Executive: __________________________)