**State Autonomous Institution of Healthcare**

***Nizhnekamsk Сentral Regional Multidisciplinary Hospital***

**Informed consent of the patient to receive paid medical services in outpatient care**

I hereby,

confirm that I have been explained and understood my right, as well as the possibility of receiving free medical care under the policy of Compulsory Medical Insurance (CMI) in the volumes, conditions and procedure provided for by the Program of State Guarantees for the provision of free medical care to citizens of the Russian Federation in the territory of the Republic of Tatarstan. I also understand that in order to receive free medical care under the CMI program, I can contact my general practitioner (general practitioner) at the place of residence and receive a referral to an appointment with a narrow specialist and (or) diagnostic examinations in the order of planned priority.

I hereby express my informed and voluntary consent to receive medical services at the State Autonomous Institution of Healthcare Nizhnekamsk Сentral Regional multidisciplinary hospital for a fee (at the expense of personal funds) in accordance with the terms of the contract on paid medical services rendering. The types of medical services that will be provided to me on a paid basis are specified in this contract. The terms of the contract on paid medical services rendering are clear to me, all the necessary explanations have been received.

I have read the current price list and agree to pay the cost of the medical service in accordance with it. My consent to payment also applies to additional medical services, the need for which will arise in the course of paid medical services rendering provided for in the contract on paid medical services rendering.

I am informed that I can receive medical care in other medical organizations regarding my disease, and I confirm my consent to receive paid medical services at the State Autonomous Institution of Healthcare Nizhnekamsk Сentral Regional multidisciplinary hospital

 The volume of paid medical services is explained and understandable to me.

It is clear to me that the funds paid by me under the contract on paid medical services rendering are not subject to reimbursement and cannot be returned to me under the contract of Compulsory Medical Insurance or the voluntary medical insurance contract.

I have read this consent on "\_\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 202\_

Patient’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Full Name)