

CONTRACT No. _____
for the provision of paid medical services

Moscow

The Moscow State Budgetary Healthcare Institution Municipal Clinical Oncology Hospital No. 1 of the Moscow Healthcare Department, State Budgetary Healthcare Institution of Moscow (GBUZ GKOB No. 1 DZM), hereinafter referred to as the Contractor, represented by the Head Physician V.N. Galkin, acting under the Charter, on the one part, and

hereinafter referred to as the "Customer", on the other part, have concluded this Contract as follows:

1. SUBJECT MATTER OF THE CONTRACT

1.1. The Contractor undertakes to provide the Customer with the following medical services:

Service code	Service name	Qty	Cost

11.1. The Customer undertakes to pay for the services provided in accordance with the procedure and terms established by this Contract.

2. RIGHTS AND OBLIGATIONS OF THE PARTIES

2.1. The Contractor undertakes to do the following:

2.1.1. Ensure compliance of the provided services with the license of the institution, compliance with the requirements of current legislation in the healthcare;

2.1.2. Provide the Customer with free-of-charge, accessible and reliable information, including information on the qualifications and certification of specialists, working hours, the list of paid services, their contents, costs and procedures, as well as on the possible consequences and complications of medical intervention.

2.1.3. Ensure compliance with the Customer's rights provided for by the Russian Federation legislation.

2.2. The Customer undertakes to do the following:

2.2.1. Pay for the cost of medical services provided in accordance with the procedure and at the rates established by the Contractor.

2.2.2. Inform the doctor prior to the provision of medical services on the diseases, allergic reactions and other factors that, in the opinion of the Customer, may affect the outcome of treatment.

2.2.3. Follow exactly the doctor's instructions.

2.3. The Customer voluntarily refuses to provide the services specified in clause 1.1. of this Contract, as part of the State Assignment to provide citizens of the Russian Federation with free medical care in Moscow (if they are provided for by the state assignment program).

2.4. Outpatient medical record is the property of State Budgetary Healthcare Institution Municipal Clinical Oncology Hospital No. 1 of the Moscow Healthcare Department

3. SETTLEMENT PROCEDURE

3.1. The cost of provided medical services shall be determined in the amount of:

according to the current approved price list of the Contractor.

3.2. Payments for medical services shall be made by the Customer as 100% prepayment.

3.3. In case of impossibility of providing the service arose due to circumstances for which neither party is responsible, the Customer shall reimburse the Contractor for the expenses actually incurred by it.

4. RESPONSIBILITY OF THE PARTIES

4.1. The parties shall be liable in accordance with the current legislation of the Russian Federation for failure to fulfil or improper fulfilment of the Contract terms and conditions.

4.2. All claims on the medical services quality shall be considered mandatorily by an expert commission formed by the Contractor, and shall be settled as agreed by the Parties.

4.3. The Contractor shall be released from liability for failure to fulfil or improper fulfilment of a paid medical service if it proves that failure to fulfil or improper fulfilment occurred due to force majeure circumstances or violation by the Customer of the Contractor's recommendations, as well as for other reasons provided by law.

5. FINAL PROVISIONS

5.1. The Contract shall be valid from the date of its signing by the Parties and until the Parties completely fulfil their obligations.

5.2. Addresses and details of the Parties:

Annex. Informed consent statement on the scope and terms of the paid medical services.

CONTRACTOR

OGRN1027739644360; INN/KPP 7701008191/770101001

Medical Activities License No. ЛО-77-01-017352 dd. 21.01.2019

Issued by the Department of Healthcare in Moscow

Unified State Register of Legal Entities 7187749103502 dd. 04.10.2018

Settl. acc. 4060181000003000002 BIC 044525000 The Central Bank of the Russian Federation Main Branch for the Central Federal District Moscow 35

Address: 105005, Moscow, 17/1 Baumanskaya str.

Tel. +7 (499) 261-20-72

Deputy Head of the Paid Services Department of GBUZ GKOB No. 1 of DZM /signed/

Kambina O.V.

CUSTOMER

Russian passport _____

Address: _____

Tel. _____

(signature)

(Full name)

**Informed consent statement on the scope and terms of the paid medical services
and personal data processing**

Under the Contract for the provision of paid medical services, I, _____, wish to get paid medical services at the Moscow State Budgetary Healthcare Institution Municipal Clinical Oncology Hospital No. 1 of the Moscow Healthcare Department (hereinafter - GBUZ GKOB No. 1 of DZM) for a fee, at the same time, the following provisions were explained to me and I understood them.

1. Having received from the employees of GBUZ GKOB No. 1 of DZM, the complete information on the possibility and conditions of the provision of free medical services in the GBUZ GKOB No. 1 of DZM under free medical care programs, I give my consent to the provision of paid medical services and I am ready to pay for them.
2. I express my free will in receiving paid medical services, while I considered various options for receiving medical services, and that I can be provided with similar medical services in other medical institutions under other term and conditions and free of charge.
3. I agree that the used technology of medical care cannot completely eliminate the likelihood of side effects and complications due to biological characteristics of the body, and if the service is provided in compliance with all necessary requirements, GBUZ GKOB No. 1 of DZM shall not be responsible for their occurrence.
4. I have been explained that I can receive both one type of paid medical services and several types of these services.
5. I realize and understand that in order to get the best treatment results, I must follow all the prescriptions, recommendations and advice of doctors of GBUZ GKOB No. 1 of DZM.
6. I have read the current price list and agree to pay the cost of the medical services provided in accordance with it.
7. In accordance with the requirements of Art. 9 of the Federal Law No. 152-FZ dd. 27 July 2006 "On Personal Data", I confirm the consent to the processing of my personal data.
8. I hereby certify that I have read the text of my informed consent statement for medical intervention, I understand the purpose of this document, the clarifications received are clear for me and I am satisfied with them.
9. I am familiarized with the provision on the procedure and conditions for the provision of paid services by GBUZ GKOB No. 1 of DZM.

This informed consent statement was signed by me after a preliminary conversation and is an annex to the Contract for the provision of paid medical services.

_____ (Full name) _____ (signature)

Certificate of completed works _____

Under Contract No. _____ dated _____, GBUZ GKOB No. 1 of DZM rendered paid medical services in full and on time specified in the Contract.

The Customer has no claims to the Contractor regarding the scope, quality and timing of the services provision.

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Deputy Head of the Paid Services Department of GBUZ GKOB No. 1 of DZM

/signed/

Kambina O.V.

CUSTOMER

Russian passport _____

Address: _____

Tel. _____

_____ (signature) _____ (Full name) _____