

Applicant (fill in completely and legibly in capital letters)

First name:

Last name:

Akad. degree:

Street, staircase, door:

Zip code, town, country:

Date of birth:

Email:

Mobile number:

Mohs Society Europe, Wiedner Hauptstr. 39/1/23, A-1040 Wien, Österreich

E: office@mohs-society.eu

Mohs Society Europe
Wiedner Hauptstraße 39/1/23
A-1040 Wien
Austria

Funding Application - Outpatient Mohs surgery for self-payers without insurance submission

Mohs Society Europe is a non-profit association and has set itself the goal of promoting Mohs surgery and outpatient dermatosurgery throughout Europe and to preserve the Mohs concept through the correct implementation of surgical and histological techniques within the context of the Mohs process.

Until now, there are no specific billing positions for Mohs surgery with intraoperative frozen section diagnostics in Austria and Germany, even though this surgical technique offers comprehensive advantages for patients, e.g. smallest surgical defect, highest healing rates due to 100% margin control, realization in 2-4 hours, no inpatient stays or inconvenient hospital outpatient clinics.

For this reason, Mohs Society Europe funds outpatient Mohs surgery in private practice for self-payers without insurance with € 150, € 250 or € 350 depending on the size / scope of the Mohs surgery.

Conditions for funding:

(1.) There is no legal entitlement to funding. (2.) Only for self-payers, without submission to a public or private insurance. (3.) The funding application must be completed in full and submitted and confirmed before the Mohs surgery. (4.) The Mohs surgery must be performed in a private practice, outpatient setting in Austria, with a Mohs surgeon who is a regular member of the Mohs Society Europe. (5.) The funding amount will be deducted directly from the doctor's bill and cannot be paid out to patients.

Application form:

I hereby apply for funding for my outpatient Mohs surgery in private practice and confirm that I will not submit the invoice for my Mohs surgery to any public or private insurance in your country or abroad.

I consent to the processing of my personal data and the usage of the services of the Mohs Society Europe in accordance with the privacy policy www.mohs-society.eu/data-protection.html.

Date of Mohs surgery:

Name of Mohs surgeon:

Date, place

Signature of applicant:

Send the completed and signed application form with sufficient franked / prepaid letter post to:
Mohs Society Europe, Wiedner Hauptstraße 39/1/23, A-1040 Wien, Austria

You will receive a confirmation or a rejection of your funding application by email within 3 working days of receiving the application.