

Patient Name: _____
(שם המטופל/ת)

Date: _____
(תאריך)

Dear Patient,

Thank you for choosing Maccabi Tivi's alternative medicine services.

We would like to draw your attention to the following information, which will assist you on all your visits to Maccabi Tivi.

Medical Supervision

- Maccabi Tivi patients benefit from medical supervision throughout the treatment period.
- Treatment at Maccabi Tivi begins with a medical consultation session, which aims to build the optimal treatment plan customized to your personal needs.
- The consulting physician will be able to view partial medical information from your Maccabi Healthcare Services medical file. Medical information relevant to any specific treatment will be passed on to the Maccabi Tivi therapist by the consulting physician. You are entitled to seek an additional medical consultation at Maccabi Tivi if you do not experience any improvement following the treatment (free of charge for one year from the first consultation session). In addition, in order to maintain the quality of your treatment, on certain occasions determined by Maccabi Tivi and/or due to a change in your medical condition, you will be referred for another consulting session for a fee, as a prerequisite for further treatment.
- In cases where further conventional treatment or evaluation is required, the medical information will be passed to a doctor who will continue the evaluation and treatment from that point onward.
- Alternative medicine treatments are intended to complement conventional medicine, not as a substitute for conventional medicine. Alternative medicine has been used for thousands of years and is based on clinical success. However, unless otherwise stated, it is not based on scientific evidence. During treatment with Maccabi Tivi, do not cease or alter your existing medical treatment without consulting your family doctor / attending physician.

Continuity of Care

- Maintaining continuity of care is an important factor in improving your health.
- It is important to follow the treatment plan that has been determined for you. Please notify us of any required change to a treatment date at least 24 hours in advance so that we can arrange a suitable alternative date for you.
- You are entitled to request and receive information about the offered treatments.
- The effects of the treatments are personal in nature, and differ from person to person.

Treatment Duration

Treatment duration is in accordance with the duration quoted in the Maccabi Tivi pricelist. Please note that this time includes any necessary questions and preparation.

Eligibility*

Maccabi members enjoy a significant discount on treatments, in accordance with the terms and conditions of the supplementary insurance plan of which they are members, and in accordance with their personal eligibility when receiving the actual treatments. Treatment prices are in accordance with the Maccabi Tivi pricelist, subject to the Maccabi Healthcare Services supplementary plan regulations and updates to the Consumer Price Index. Detailed information can be found in the supplementary plan regulations on the Maccabi Healthcare Services website.

- **Maccabi Zahav:** A discount of approximately 42% on the listed price for Maccabi members, as specified in the pricelist shown on the Maccabi Tivi / Maccabi website. This discount applies to up to 20 treatments (including in-person or telephone consultations) received in a calendar year, in terms of the alternative medicine treatments detailed on the Maccabi Zahav list. From the 21st treatment onwards in a given year, a discount of approximately 10% applies to the listed price.

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I hereby confirm that:

- ✓ I have received an explanation regarding my eligibility and the treatment procedures at Maccabi Tivi.
- ✓ I understand that I am permitted to have a companion accompany me to any Maccabi Tivi treatment.
- ✓ I undertake to pay the full amounts owed for the treatment, in accordance with the accepted Maccabi Tivi prices and terms.
- ✓ Maccabi Tivi reserves the right to change treatment dates and/or the therapist in coordination with me.
- ✓ The information I have provided above will be retained and used in the Maccabi Tivi database. The provision of this information is subject to my will and consent, but is essential and necessary for the purpose of documenting my medical treatment and fulfilling Maccabi Tivi's legal obligation to maintain medical records. The information I have provided will be used to document my medical condition and will be available to all Maccabi Tivi therapists.
- ✓ All the details I have given in this form regarding my health condition are correct and complete.
- ✓ In the event of any new health problem arising, I am obliged to inform the doctor/therapist at Maccabi Tivi.

Patient Name: _____ Signature: _____ ID No.: _____ Date: _____
(שם המטופל/ת) (חתימת המטופל/ת) (ת"ז) (תאריך)

If the patient is a minor, the following must be signed by a guardian:

(במקרה של קטין/ה, ייחתם ע"י האפוטרופוס/ית)

Guardian Name: _____ ID No.: _____
(שם האפוטרופוס/ית) (תעודת זהות)

Relation to Patient: _____ Guardian Signature: _____
(קרבה למטופל/ת) (חתימת האפוטרופוס/ית)

For more information, please visit the Maccabi Tivi website or Facebook page.

**We are delighted to provide you with alternative medicine services and are at your disposal for any question or request –
The Maccabi Tivi Team**