

Electronic Health Professional Card (eHPC)

Notification that card has been obtained and application for reimbursement of costs

For digital and secure networking in the German healthcare system ("telematics infrastructure"), an eHPC is required in order to create e-prescriptions and e-medical certificates. An eHPC is an individual ID card issued by the competent Chamber upon submission of appropriate personal identification. Please contact e.g. your Chamber for further information.

Personal details

Surname _____ First name _____

Clinic / Department _____ Telephone _____

Details of your eHPC

Card number _____

Trust service provider _____

Start of eHPC contract _____ End of eHPC contract _____

Information regarding reimbursement of costs

- I am applying for full reimbursement of the cost of my eHPC by the University Medical Center. The invoice(s) is/are enclosed with my application. (*Reimbursement will be made in installments over the term of the contract; one-off costs such as postage will be directly reimbursed in full*)
- I am applying for partial reimbursement of the cost of my eHPC by the University Medical Center in the amount of _____; I have already received a partial reimbursement of costs from another source. The invoice(s) is/are enclosed with my application. (*Reimbursement of the partial sum cited will be made in installments over the term of the contract*)
- I am not applying for reimbursement of the cost of my eHPC by the University Medical Center; I have already obtained full reimbursement from another source.

_____ X _____
Date Signature of applicant

Note: Reimbursements will be processed via your monthly salary. In the event of leave of absence or absence without pay, reimbursements will continue unaffected by this. Reimbursement by installment will end upon termination of the employment relationship with the Medical Center – University of Freiburg.

To be forwarded to the responsible department administration

Processing note department administration

- Card data have been recorded in SAP HCM and instructions for reimbursement of costs (according to application) have been given.

_____ _____
Date Signature of administrative employee