

The German Health System
A Guide for Migrants

Health – hand in hand



Impressum

Das deutsche Gesundheitssystem
Ein Wegweiser für Migrantinnen und Migranten
Gesundheit Hand in Hand

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Foreword

“Health – hand in hand” – this theme of the guide through the German healthcare system is meant seriously: nobody in Germany will be left on his own if he becomes ill and is depending on help. With this in mind, the brochure provides valuable advice for immigrants – how they can rapidly orientate themselves in the German medical care system and how they can find the right course of action and the right partner to talk to.

“Health – hand in hand” – this also means that your responsibility towards yourself and the help which is provided to you during illness, based on solidarity, complement each other. Your responsibility towards yourself means taking responsibility for your own health, as far as this is possible. A health-conscious lifestyle, timely participation in early diagnosis health measures, active participation in the treatment of illnesses and rehabilitation all contribute to avoiding or delaying disease and disability and to overcoming their consequences. The brochure therefore directs you also to healthcare institutions, which can give you assistance and provide further advice.

In the hope that all new citizens will feel “at home” very soon in Germany, I wish you a healthy start to your future.

Ulla Schmidt

Federal Minister for Health

Foreword

With the health guide “Health – hand in hand – the German Health Care System” the Federal Association of Company Health Insurance Funds and the Ethno-Medical Centre are now publishing a guide in its third edition that is second to none. As Federal Government Commissioner for Migration, Refugees, and Integration I am particularly pleased about another step on the way to more integration in Germany.

Whoever has fallen ill abroad and needed medical attention may realize what big obstacles migrants living in Germany have to face when they have to find their way in the German health care system. Within the project “With immigrants, for immigrants” in which the health guide was developed, new and promising ways in health promotion for migrants have been embarked on. Establishing “communication at eye level” seems to be one of the main success factors of the overall project. By training and further qualification of individuals with an immigrant background a large group of mediators has developed, who are committed to sharing their knowledge straightforwardly with their compatriots. Thus it is even more gratifying to see that the regional MiMi project locations have become a nationwide movement for the improvement of health opportunities among migrants.

Thousands of individuals concerned and their relatives have benefited from this initiative in the course of the project. With a further expansion of the project and dissemination of the health guide, the number of participants can be increased many times over. I am glad to be able to make my contribution to this with my patronage.

Prof. Dr. Maria Böhmer

German Federal Government Commissioner for Migration, Refugees, and Integration

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Your Health matters to us!

The German health system still counts as one of the best in the world, but not as one of the simplest. It is often difficult to understand how it functions, not only for people who have just arrived in Germany or have not yet lived here long. Just the question of whether you can take out health insurance, and how, is difficult to answer. Or you wonder to whom you can turn if you yourself or a member of the family is sick. Do you go to a doctor first or straight into hospital? And if you go to a doctor, to which one exactly?

This guide to the German statutory health system gives answers to these and similar questions. It was developed by the BKK Bundesverband and the Ethno-Medizinisches Zentrum e.V. and is published in several languages. Although we cannot respond to every potential query, this guide is still a good orientation assistant. As well as this, at the end of this book you will find addresses of departments, institutions, associations and societies which may help you with questions of detail that this guide cannot answer.

This guide is part of the BKK's initiative "Mehr Gesundheit für alle" ("more health for everyone"). In that context, projects and actions are implemented which play an active part in health improvement. These projects and actions should particularly benefit those people who are heavily burdened with poor health, or who do not so far take advantage of the possibilities for health improvement.

We would be pleased if this guide, hand in hand with you, contributes to the maintenance and improvement of your health.

**You will find
current information or
figures regarding the
German health system
(eg compulsory insurance)
in the insert.**



We at the BKK would like to inform you...

... about health and integration in Germany.

The BKK is the umbrella brand of the company health insurance funds in Germany. They are the oldest form of health insurance in Germany. In the early 19th century, workers and employers together took the initiative and founded the first "sick funds" for employees and their families, on the solidarity principle. This was the beginning of the BKK. Company health insurance funds became an example for the whole statutory health insurance (GKV) in Germany.

In the 20th century, a traditional bond existed between the individual BKKs and the respective "support companies" until the mid-1990s. With the introduction of competitive insurance companies about 180 company health insurance funds developed. Since the options to choose one's health insurance expanded in 1996, more and more insured persons decided in favour of a company health insurance fund, so that the company health insurance with over 14 million members and a market share of about 20% is the third largest health insurance

within statutory health insurance (GKV). Apart from individual health promotion, the BKK is also traditionally involved in health promotion, specifically at the work place. In cooperation with employers and employees the BKK thus ensures healthier working and living conditions.

The company health insurance funds will do their best in the future, too, to exploit all the possibilities to facilitate good healthcare for everyone.

You can count on that.

1. Health Insurance

Statutory Health Insurance (GKV)

Whoever lives and works in Germany is usually covered by statutory insurance. Ninety percent of the population are insured through one of the health insurance companies within statutory health insurance (e.g. AOK, BKK, DAK or IKK). You pay a specific amount towards the insurance each month. The amount is determined by the level of the monthly income. In addition to that amount your employer pays another part. If you become ill or have an accident and have yourself treated by a doctor or in hospital, your health insurance will cover the treatment costs, except for the statutory additional payments. This means that no insured person suffers financial hardship due to illness in Germany. Therefore the health insurance pays not only for medical treatment but also for the medicines the doctor prescribes for you. If you cannot work due to illness, your employer will also, as a rule, continue to pay your wages for 6 weeks.

After this the health insurance will pay you sick money for a certain amount of time.

Thus, the statutory health insurance is a dependable safeguard in case of illness.

Particular cases can also be: accidents or treatment of diseases in employed persons. If you cannot pursue your profession any longer, due to illness, necessary measures will be covered if need be by other organisations, e.g. by the pension or the accident insurance.

The responsibilities of statutory health insurance are subject to change, from time to time. Regulations, e.g. about benefits, contributions, or referrals from one doctor to another can be changed in the near future. The health insurance that you are insured with will update you on the changes. In addition, a supplementary sheet included in this guideline will provide you with current information.

The general principle in statutory health insurance is solidarity. The insurance premiums are commensurate with the income, and do not depend on whether one has a family, is female or male, is old already or perhaps is frequently ill. This means that a person with a higher income will pay more into the insurance

than a person with a lower income. In this system, the young support the old, single people support families, and healthy payers support sick ones. Yet, everybody has a right to the same statutory benefits.

Who is insured through statutory Insurance?

There is a difference between being insured by statutory insurance and being privately insured. Usually, employees whose annual income does not exceed a certain amount (the amount changes annually, – the current amount can be found under “compulsory insurance” on the supplementary sheet), as well as trainees, unemployed people, students, pensioners, artists and publicists are members of the statutory insurance scheme. The members of their families can be insured with them free of charge, if they have little or no income (see supplementary sheet, “dependants’ co-insurance”). There is an age limit for children, depending also on whether they are still participating in vocational training or higher education. Handicapped children are covered through their parents without any age limit, if their disability prevents them from supporting themselves.

Self-employed individuals and employees with a gross income above a certain amount (see supplementary sheet, “compulsory insurance”) can take out statutory or private health insurance voluntarily. What private insurance is will be explained in the section “Private Health Insurance”.

Free Choice of Insurance Companies

You may choose your health insurance company yourself. However, it can be practical if it is located near where you live or at your workplace. The contribution rate payable can vary from insurance to insurance. You should also become informed about the benefits of the respective companies, because there can be differences between the respective health insurance companies. Thus health insurance companies can reward their members, for example, if they go to great lengths for their own health by regularly participating in early diagnosis check-up programmes. Each health insurance company decides about such incentive and bonus systems.



One insurance company offers a reduction on nominal fees, the other, however, promises to repay part of the premium to health-conscious patients.

Furthermore, health insurance companies can offer individual tariffs (tariff choice). In this context, the health insurance fund provides financial benefits to the insured individual who see their family doctor first, or take part in a treatment programme for chronically ill patients (disease management programme). Further examples for individual tariffs are deductibles tariffs, where insured persons pay their medical bills up to a certain amount themselves, or the reimbursement of contributions for the insured who don't

make use of benefits for one year. For more details approach your health fund.

If you are not satisfied with your current health insurance company you can terminate your contract - with effect after a two month period of notice - and look for a new health insurance company. However, once insured, you will always have to stay with the same insurance company for 18 months. Exception: your health fund increases its premium rate. In this case, you can also change your insurance company before the expiry of the minimum 18-month period, within two months after the increase in the premium rate.

Benefits of Statutory Health Insurers

All benefits provided by the statutory health insurance companies have to be sufficient, effective and cost-effective. The health insurer cannot and is not allowed to pay for what goes beyond this. This means, for example, that special wishes of the patient with regard to dentures and fillings are to be paid by him (gold fillings, for example). The same applies for hospitalisation. The health insurance does not pay for single room accommodation or for exclusive treatment by the senior

Statutory Benefits of Statutory Health Insurance (extract)

- medical treatment
- prescription drugs (exceptions are e.g. appetite suppressants, medication for erectile dysfunction)
- hospitalisation
- in-patient and out-patient hospital benefits
- medical care during pregnancy (ante-natal) and delivery, midwifery, maternity allowance, subsidy for operating costs if birth takes place in a birth centre
- prevention services and early diagnosis check-ups
- early diagnosis check-ups for children (from U1 to U9 and J1)
- vaccinations (no immunisations for travel purposes)
- dental check-ups, dental treatment, dentures only partly covered
- sick pay (also for employed persons caring for their sick children)
- psychotherapy
- early diagnosis and rehabilitation, spa therapies (also for fathers/mothers and children together)
- in exceptional cases costs of transportation/
Patient Transport Ambulance
- Social therapy
- Special out-patient palliative care (pain and symptom relief for severely ill patients)
- home-based nursing care (if hospitalisation is thus shortened or prevented and if no family member can care for the sick person)
- in certain instances a domestic assistant, for example when the patient is hospitalised or is in rehabilitation or preventative therapy
- remedies (for example physiotherapy, speech therapy, massages)
- medical aids (for example wheel-chairs, hearing aids, visual aids in general for adolescents under 18 years of age, as well as severely visually impaired adults)



consultant. If you have yourself treated by a natural health practitioner you usually have to pay for the costs yourself.

If you often require services not included in the statutory insurance schemes, you may insure yourself with a private supplementary health insurance, in addition. This private insurance can also be contacted for you by your health insurance companies.

Many benefits of the statutory health insurance are only provided in Germany. The health insurances pay for part of the costs of out-patient medical treatment in other European countries. First and foremost, this regulation applies to all EU member states and besides to Iceland, Norway, Switzerland and Liechtenstein. Treaties have been also concluded with Turkey, Croatia, Tunisia, Macedonia and

some other countries. As an insured person with statutory health insurance who spends one part of the year abroad, or is often there on vacation, you should ask your health insurance which regulations apply for the respective country. In case of hospitalisation abroad, however, appropriate permission from your insurance company is needed before treatment.

Additional payments/ Personal contributions

A number of benefits of the statutory health insurances are subject to a surcharge or personal contribution that members over the age of 18 have to pay. When visiting a doctor the so-called practice fee is due every quarter.

It is wise to collect all receipts of additional payments and the receipts of practice fees paid at the surgery, because when you and the members of your family go over a certain financial limit with these additional payments, you will be exempt from additional payments until the end of that calendar year. Besides, your health insurance reimburses you for the fees already paid. Many health insurance companies provide a free

receipts booklet for you, in which you can have your additional payments entered.

For the current amount of the additional payments please refer to the inserted data sheet.

Exemption from additional payments

Certain relief measures are in place so that no-one is overburdened financially by the additional payments. Children and adolescents under 18 years of age are exempt from most additional payments as well as from the practice fee.

The overall peak limit is the equivalent of 2% of the gross annual income. That means: whoever can prove on the basis of his receipts that he has already spent 2 percent on additional payments and practice fees within the current calendar year, will, upon request, be exempted from further additional payments for the rest of the calendar year. He receives a certificate stating the exemption from additional payment which he can produce at the physician and at the pharmacy.

An upper limit of only 1% of annual income is applied for those diagnosed as chronically ill, long-term patients. This is

also applicable if not the insured person, but a co-insured child is chronically ill. Sometimes the use of the 1% regulation requires the compliance with further requirements in the field of health screening. For current information, please approach your health insurance directly.

Special regulations have been made for people on welfare or who receive pension assistance, people with reduced capacity to work (in accordance with Federal Social Welfare Law SGB XII) or who receive supplementary assistance for their livelihood according to the Federal Social Welfare Law (Victims of War Welfare) or Unemployment Benefit II (ALG II).

With regard to the exemption from the personal contribution towards dentures, special prerequisites apply, which you can enquire about at your health insurance company.



Private health insurance (PKV)

If certain conditions are fulfilled, for example if the annual gross income of an employee exceeds a certain amount for 3 years in a row, or if one is a civil servant or self-employed individual, one can take out private health insurance. As from January 1, 2009 there is compulsory insurance for all individuals who are not already insured or cannot be attributed to a private health fund.

Unlike the statutory health insurance the private health insurers' monthly premiums do not depend on income, but on gender, age, state of health and the benefits agreed upon. Benefits such as dentures, senior consultant treatment, or single room accommodation in hospital can be agreed by contract. In addition, in private insurance old, sick people pay higher premiums than young, healthy ones. Women pay more than men. The insurance costs are therefore also determined

by the individual risk the private health insurance determines for the customer.

An exemption is the standard tariff which will be replaced by the so-called basic tariff on January 1, 2009. These tariffs, which shall allow individuals with low income to safeguard themselves, depend only on the age and gender of the insured person, with regard to the costs. Unlike other tariffs, the insured person does not have to pay any supplements for previous diseases and special risks, respectively. Furthermore, regarding the standard and basic tariff respectively, no application for membership is allowed to be rejected because of previous or acute diseases. This tariff, whose benefits correspond approximately to the statutory health insurance, has to be provided by every private health insurance.

For co-insured dependants additional, particular contributions have to be paid. A privately insured person must normally pay in advance for doctor's, hospital and medicine costs himself before receiving partial or full reimbursement later.

Benefits determined according to the Asylum Seekers' Benefits' Law

Asylum seekers and people who are to be deported, and people whose stay is tolerated by international law, or on political and humanitarian grounds, (de-facto refugees) cannot normally be insured by statutory insurance. At the earliest after four years they can be looked after by a statutory health insurance unless they are recognised as asylum-seekers before that time. As long as a service by a statutory health insurance

fund does not come into consideration you are entitled to benefits through the Asylum Seekers' Benefits' Law.

The benefits from this law are unlimited in cases of acute or painful illnesses.

Compared to persons insured with the statutory health insurance, however, there are certain limitations: e.g. dental care, and particularly dentures and orthodontics. There is a right to treatment only for acutely necessary cases or for painful illnesses. You will receive dentures

The benefits you can claim according to the Asylum Seekers' Benefits' Law:

- Ante-natal care during pregnancy, birth care and post-natal care after birth.
- Preventative medical examinations similar to the statutory health insurance: children's check-ups from U1 to U9 and J1, gynaecological early diagnosis check-ups and annual cancer check-ups for women over 20 and men over 45.
- Half-yearly dental preventative care for children and youngsters under 18, later annual preventative care.
- Normal children's vaccinations, tetanus, diphtheria and polio vaccinations for adults, and according to individual risk also further vaccinations (you should also consider the health situation in your land of origin).

only if this cannot be postponed, if subsequent damage would result if it was left untreated or if it is already there.

In the case of a chronic disease, the claim to benefits only includes treatment which is absolutely necessary and will stabilise your health condition. This claim applies if the state of health would deteriorate without treatment, or if there is a threat of new illnesses or permanent damage to health. If you have doubts about the correctness of being refused a certain treatment, you can get information at migrants' and patients' advice centres or at a lawyer's office. These places can help you to clarify the situation.

In order to claim benefits according to the Asylum Seekers' Benefits' Law, you must present the doctor with a "Krankenschein", sick form. You can ask for a "Krankenschein" at your welfare office ("Sozialamt") or at the place where you also apply for other benefits. The form is always valid for a quarter-yearly period.

If you receive benefits according to the Asylum Seekers' Benefits' Law, you are exempt from the practice fee, fees for hospital stays as well as additional payments for medication, remedies and aids etc.

This exemption will be certified by the office in charge of your benefits according to the Asylum Seekers' Benefits' Law or by the health insurance who is in charge of you.

If you receive benefits according to the Asylum Seekers' Benefits' Law for at least four years, you can obtain – under certain circumstances – by means of the welfare office an electronic patient card from the statutory health fund of your choice. Then you can make use of all benefits of the statutory health insurance, although you will not be exempt from co-payment on medication, remedies and medical aids. For co-payments at the doctor, at hospital or at the pharmacy there is an upper limit



for single individuals and households (see inserted data sheet “co-payment according to Asylum Seekers’ Benefits’ Law”). In order that the health insurance can issue a note exempting you from all co-payments you should collect all receipts and bills.

Benefits according to SGB XII (Sozialhilfe)

For immigrants whose stay is permanent but who are not covered by the Asylum Seekers’ Benefits’ Law and who are neither privately nor statutorily insured, health care costs are claimed in accordance with the Federal law governing welfare support (“Bundessozialhilfegesetz SGB XII”). When there is evidence that you may have to receive welfare support for longer than a month, health care is provided to you through statutory health insurance. The social office will ask you to choose a statutory health insurance company and register you there as a member. If being insured with the statutory health insurance is out of the question, you have to apply for a “Krankenschein” at the welfare office (“Sozialamt”) and an affidavit that costs for certain benefits will be covered. You have a right to this support when there is a medical necessity for treatment or when in a serious plight (not sufficient



income or assets, no health insurance). It is important to be able to produce the relevant documents to the welfare office.

Individuals who are allocated to private health funds and for whom payment of the basic tariff contributions would result in financial hardship, are entitled to pay only half of the contributions. If there are not enough means for half of the contribution, unemployment benefit II or social welfare institutions have to accept part of the costs.

2. At the doctor's

Which doctor is the right one for me?

Regardless of whether you have private or statutory insurance, in Germany you may choose your doctor yourself. Statutory insurance members may only choose between the doctors who are registered and under contract to the statutory insurance scheme, which almost all doctors are, in practice.

One differentiates between family doctors and specialized doctors. Family doctors are general practitioners, paediatricians and some of the practitioners specialized in internal medicine. You should always go to the same family doctor because he knows you and your state of health best. If necessary, he will refer you to the correct specialist. Specialists are doctors specialised in certain areas, for example gynaecologists or ear, nose and throat doctors. You can go directly to a specialist when you are sick, but you will have to pay the additional practice fee. If the referral of the family doctor to the specialist is handed in later you will receive a refund of the practice fee.

Health insurances pay rewards to their members for always going to their family doctor first.

Prior to deciding on a doctor, it is wise to consider what is important to you. Maybe you would rather be treated by a woman doctor than a doctor who is a man. Maybe the location of the doctor's surgery is important for you because you rely on public transport to get there. It can be worth it to compare the surgery hours of different doctors, too. You can inform yourself as well about whether the surgery is always very crowded, and whether there are always long waiting periods.

A good doctor will listen to you properly and explain to you in understandable terms what he is doing and why he recommends which treatment. He links his work to that of other doctors and thus refers you to a specialist or a hospital if needed.

If you are not satisfied with your doctor or you do not trust him, you can change to another doctor. You should not do this too often, though, because every doctor has to get to know you all over again, and

you him or her. Apart from this, changing doctors frequently may often also lead to unnecessary duplication of diagnostic procedures, for example X-rays, which may conceal a risk to your health.

Preparing for the doctor's appointment

Before going to see the doctor, you should start preparing yourself for the appointment, for instance by accurate self-observation and writing down your complaints. Make a list of your current medications, too, and whether you recently received treatment elsewhere. You can also write down questions you want to ask the doctor. If you do not speak German well enough, you should take somebody with you for interpreting. The health insurance does not have to cover the cost for interpreting during a visit to your doctor. There are no obstacles to you choosing a member of your family, or a friend who understands German better to accompany you to the doctor. In many towns, there are lists available naming doctors who speak other languages or who have foreign language-speaking staff.

For your visit to the doctor's it is best to make an appointment in advance



by telephone. This will help you to reduce waiting periods. If you need an appointment urgently because you are acutely ill and in a bad condition, you should say so on the phone. You can of course go to see the doctor during surgery hours without an appointment, but you must expect longer waiting times.

If you are seriously ill or very weak and therefore cannot go yourself to see the family doctor, he can also come to your home. Making use of this possibility of a visit at home should be reserved for situations when you are really unable to go to see the doctor.



What you need to take with you to the doctor's surgery

It is very important for you to bring your health insurance card or the respective sick form ("Krankenschein") along when you want to see the doctor. In addition, you should take a list of the medication you are on. Moreover, your doctor may need your vaccination pass, allergy pass or X-ray pictures in case you were X-rayed recently. For certain medical and dental prevention services and early diagnosis check-ups, the insured in the statutory health insurance should bring along their bonus booklets for dental preventative examinations and prevention services, and early diagnosis check-ups respectively. You will also need some money for the practice fee (see the inserted data sheet), to be paid directly at the doctor's surgery.

If you are referred to another doctor or specialist, there is no extra practice fee due during the same quarter-yearly period, but you must ask for a letter of referral. You ought to take this to the respective doctor with you, otherwise you will have to pay the practice fee again.

Consulting the doctor

Explain to the doctor in a relaxed manner why you are there and which complaints you have. Try to make sure that he understands what you say, and that you understand what he says. Do not hesitate to ask if you do not understand something.

Honesty with your doctor is recommended. Do not hide things like smoking a lot or drinking alcohol. Tell him the truth about your eating and exercise habits.

If you have concerns about the medications or treatment your doctor recommends, talk to him about it. If the doctor prescribes medicine it is also important that you take it, and take it in exactly the way the doctor recommended. If you feel worse after taking the medicine or experience adverse effects, you should definitely talk to

The doctor should inform you about

- Which sickness you probably have
- What kind of treatment he suggests
- How this treatment takes effect, how long it will take, what kind of risks are involved and whether it is painful
- Whether the treatment only reduces the symptoms or whether it cures the sickness
- Other treatment options available

Regular preventative check-ups

- annual gynaecological cervical cancer check-up for women from 20 years of age (womb area)
- annual breast cancer check-up for women from 30 years of age
- every second year the insured person is entitled to mammogram screening (x-ray of the breast for women between 50 and 69 years of age)
- annual colon cancer early diagnosis check-up for women and men from 50 years of age
- annual cancer early diagnosis check-up for men from 45 years of age (at urologist, internist or general practitioner)
- every second year, health check-up for women and men from 35 years of age (early diagnosis for different diseases and health risks)

Prevention services

- Nine health examinations for children (U1–U9) and for adolescents (J1)
- Prevention services during pregnancy
- Early dental preventative examinations for children and adults

your doctor about it. If you stop taking your medication and you go to see your doctor because your health does not improve, again, speak openly with him about the fact that you have not taken the medicine. Otherwise, the doctor is unable to know about it and may draw wrong conclusions for the further treatment. He may think that the medicine was too weak and prescribe a stronger one!

Confidentiality

Doctors and their office staff must not tell others what they learn about you, your health or your family. This means that you are able to speak with the doctor quite openly about everything that could be connected with your illness. Without your explicit consent, the doctor will give information neither to your partner nor to other members of your family.

Regular prevention services and early diagnosis medical check-ups

In order to recognise and treat illnesses at an early stage, there is the possibility of having regular medical diagnostic investigations in Germany. These are paid for by the health insurance scheme and a surgery fee is not due. By making use of regular prevention services and early diagnosis check-ups, your personal upper limit for additional payments can be reduced. For the sake of your health, be conscientious and make good use of check-ups!

Vaccinations

Infectious diseases have by no means become meaningless now. Thousands of people still fall ill every year due to dangerous infections. For this reason, taking advantage of prevention possibilities through vaccinations is very important and will protect you against many infectious diseases and the health risks linked to them.

Children receive routine vaccinations during their standard examinations at the doctor's, and therefore most children in Germany are vaccinated against the most important diseases. However, adults often neglect vaccination. If you have arrived in Germany only recently, ask your doctor about the necessary vaccinations! Remember also that some vaccinations need to be refreshed regularly during

adulthood. Vaccinations against tetanus and diphtheria are of this kind. Vaccinations can be carried out by your family doctor. In most cases, the costs are covered by your health insurance scheme. Over and above, some health insurance funds accept the costs for "travel vaccinations", e.g. for holidays to far distant places. Vaccinations the employer is not responsible for are not covered by the health insurance scheme.

All vaccinations are documented in your vaccination pass, which you should bring with you to vaccination appointments. If you do not own a vaccination pass, ask your family doctor.



3. At the Pharmacy



Normally you can only get medication and bandages at a pharmacy (chemist's) in Germany. Pharmacies have a big red "A" above their doors.

You can obtain over-the-counter drugs and prescribed medicines there. Over the-counter drugs are, for example, nasal decongestant sprays, travel sickness or headache tablets. You can purchase these without a doctor's prescription in the pharmacy. For prescription drugs, your doctor will write you a prescription which you then hand in to the pharmacy. For this you will then receive the respective medication. The health insurance only pays for medication that the doctor prescribes, which really are prescription drugs.

Exemptions: medication for children up to 12 years of age and adolescents with developmental disorder, and medication which is the standard treatment for patients with a severe illness (e.g. after a heart attack).

Privately insured individuals often have to pay for themselves initially and are reimbursed later by the health insurance. If you are insured through statutory health insurance, the pharmacy then forwards the bill directly to the health insurer. You only pay the mandatory share of cost in surcharges. Where the price of medication or bandages is below the mandatory surcharge, naturally you will only have to pay this price. There are also alternatives (generic drugs) to some prescription drugs, of which some are fully exempt from co-payment. For more information on this, approach your doctor or pharmacist.



Sometimes the pharmacist does not have a medication in stock and has to order it first. Usually the product ordered arrives the next day already. If you take a medication regularly, it is better not to get a prescription only when the packet is empty.

Some medications are prepared by the pharmacist, for example ointments. But the majority of products are produced by big pharmaceutical companies.

Pharmacies in Germany tend to carry a variety of products alongside medication and bandages. From dietary supplements and insect repellents to cosmetics for people with skin allergies and cough lozenges, all sorts of items can be on sale.

Pharmacies are usually open from 9 am until 6 pm on weekdays. Some pharmacies are closed on Wednesday afternoons. At night and at weekends there is an emergency service, which rotates between pharmacies. Information on pharmacy emergency services is written on the doors of the pharmacies and published in local newspapers. If you go to a chemist for after-hours purchases of medication or bandages, it costs you an additional 2.50 euros emergency fee (see inserted data sheet).



4. At the Dentist's

Some people are very afraid of visiting the dentist. This need not be the case. Most dentists are very considerate and try very hard to avoid a painful procedure for the patient. Finding a dentist you trust reduces the fear of treatment.



Talk with your family members, friends and acquaintances if you are unhappy with your dentist; maybe they can recommend theirs! Sometimes pain cannot be avoided completely, but think about how painful untreated toothaches can be. This thought makes it worthwhile

to sit through half an hour, or even an hour, of uncomfortable treatment.

Check-Up and Bonus Booklet

It is not enough to see a dentist only when you have a toothache or other acute dental problems. The statutory health insurance schemes in Germany reward their members if they go to dental check-ups regularly, i.e. once or twice a year. Once a year, the dentist can remove tartar within the scope of the preventive examination at the expense of the health insurance. For preventive examinations there is no surgery fee due. All dental check-ups will be recorded by the dentist in a bonus booklet. You will be given this bonus booklet at the dentist. You should keep the booklet in a safe place and bring it with you every time to the dentist, like your insurance card. If your bonus booklet shows that you have seen a dentist at least once every six months, (from 18 years of age at least once annually), your health insurance may pay more for dentures if needed later.



The statutory health insurance carries the cost of the dental early diagnosis check-ups. It covers all dental procedures to do with preserving your teeth and extracting teeth as well. If you get a dental filling, the health insurance pays for this.

This applies to all treatment which is medically necessary. For fillings, the insurance pays the costs only for amalgam and certain plastic fillings. If you want to have a more expensive material, like gold, you have to pay for the extra cost. This also applies to dentures.

Dentures

Crowns count as dentures, as well as „third teeth“, that is, sets of dentures and bridges. Normally the health insurance pays a fixed amount towards the dentures, based on the diagnosis. This amount will be calculated on the routine care standard. Routine care provides medically essential treatment. A certain diagnostic procedure is paid for with a basic fixed amount. If you wish to undergo a more expensive treatment than the routine care, you will have to pay the additional cost yourself. If you have gone regularly to the annual check-up (bonus booklet!) during the last 5 years, your health insurance basic fixed amount will increase by 20%. This

regulation applies for those under 18 years of age where twice-yearly dental early diagnosis check-ups are required. If you have no gaps in your bonus booklet, having undertaken check-ups regularly for 10 years, this will add another 10% increase to the basic fixed amount paid by the statutory health insurance.

The curative costing plan

Before you receive dentures the dentist will draft a treatment plan and cost projection. This plan has to be approved by the health insurance before treatment. The cost projection or treatment plan works like a costs estimate at the car garage – it is binding on the dentist, and cannot be significantly altered by him unless he talks about it with you and your insurance.



After completing the treatment, your dentist invoices your health insurance and you will receive an invoice for the extra cost. If anything appears to be wrong with it, or the treatment is much more expensive than intended in the curative costing plan, ask your health insurance for advice!

Dentists often suggest to their patients services which go beyond medically essential treatment. As statutory health insurance funds only cover costs for medically essential treatment, patients have to pay for additional benefits themselves. If you are uncertain, ask your dentist directly which treatment is covered by the health insurance and which is not. Do not sign any contract you do not understand fully, because that can be very expensive. Perhaps you wish to arrange for treatment with the dentist that you will pay for yourself. Your health insurance can give advice as to whether they consider the treatment necessary.

Personal contribution

Your personal contribution to the costs of dentures can be extremely high, despite regular dental care (bonus booklet), even when you have reached an additional 30% bonus on the fixed allowance. For these cases, the so-called hardship regulations are in place. If you have a low income, you should enquire at your insurance company about these hardship regulations. Your share of the cost may be reduced this way. Individuals who, as a matter of principle, want to reduce their personal contribution, can take out additional insurances covering extra costs for dentures.

Private Health Insurance

In private health insurance every contract is tailored individually. Thus, the contract can include, for example, cosmetic treatment and you may have a ceramic crown paid for. But then, naturally, your insurance premium would be high every month, of course.

Dental Treatment abroad

Dentures often cost less abroad than the ones in Germany. Before deciding on treatment in another country, you should make absolutely sure that your health insurance will cover the cost. You should also consider what happens if the dentures are dissatisfactory and who then pays for the follow-up treatment. In such cases inexpensive dentures can prove to be pretty expensive. Think about whether the treatment is worth it when you add the travel costs. Finally, it must be pointed out that dental treatment can cause strain.



It is not advisable at all to undergo many treatment sessions in a very short period of time for a few hundred euros.

5. In Hospital

Which hospital is the right one for me?

The doctor attending you will determine whether you need to be admitted to hospital for treatment of an illness, or for an operation. With statutory health insurance you can only be treated in accredited hospitals. For example, all University hospitals are also accredited. Treatment in a private clinic is impossible for statutory health insurance members. Your doctor will give you a note of referral for hospital treatment. On this note you will find listed the two closest hospitals best suited for your treatment. If you choose a different hospital for treatment, you might have to pay for the extra cost. In this case, speak to your doctor and health insurance, and feel free to explain about special religious aspects.

The hospital referral (hospitalisation)

You will be referred by your family doctor or specialist to the hospital. He will write you an admission note which you have to take to the hospital with you. For some operations you do not need to stay in hospital for days or weeks at a time. These operations can be performed in a hospital or specialist clinic as out-patient treatment. This means that you can go home on the same day after the operation is performed. A longer stay in the hospital is referred to as "in-patient treatment".

The hospital contract

If you stay in hospital for in-patient treatment, you make a written contract for this. Members of the statutory health insurance basically do not have to pay money in advance for the treatment. The hospital will charge your insurance company directly. The only financial burden you face, in case you are at least 18 years of age, are the daily additional payments. But these have to be paid only for the first 28 days (counted in each calendar

year). The statutory health insurance will pay for necessary medical treatment and the flat-rate hospital charges for accommodation and meals. If you have any special wishes, like treatment by the senior consultant or single room accommodation, and you cross these on in your hospital contract, you must pay for these services yourself. Your health insurance will not cover these. Perhaps you have taken out a supplementary private insurance for such extra benefits. You will be asked to show the confirming documents of this extra insurance to the hospital. If you are privately insured you might have to pay heavy costs before the treatment even starts.

You should only sign the hospital contract when you fully understand it. Consult friends and relatives who speak German well. Ask as many questions as are necessary to make sure you understand the contract completely, and always ensure that you have a copy made of it.

Medical History

Before beginning treatment, you will have a detailed conversation with the hospital doctor. During this, he will try to get a picture of your health situation and to find out the history of your illnesses. Speak

openly about your health problems and disease progression to him. The hospital physician is not as familiar with your health condition as your family doctor. Always give honest answers, even if some habits (like smoking) are unpleasant for you. The doctor and the whole hospital staff have to maintain confidentiality - the same as your family doctor. He may pass no information on to a third party without your permission. Given this confidentiality, it is important that you tell him whom he can give information to (your spouse or partner, your family, your friends?) and whom to call in an emergency situation.



What do I take with me into hospital? ✓

There are quite a few things that you should take with you for in-patient treatment at the hospital, including different papers and documents:

- health insurance card
- doctor's note of admission
- ID card or passport
- vaccination pass, blood group document, allergy pass, all documents that can provide information about your health condition (for example, X-rays, lab results, doctors' reports and a list of medications which you take)
- written documents about your last hospital stay, where applicable
- date and place about your last operation, as well as the name of the doctor in attendance, where applicable
- confirmation about supplementary private insurance that will cover costs, where applicable

Then there are the personal items you will need:

- articles for personal hygiene
- pyjamas/ night gown
- bath robe
- slippers
- towels
- optical glasses, if required
- medication
- underwear
- everyday clothes
- telephone numbers of near relatives or friends
- name, address and telephone number of your family doctor
- items to pass the time: for example, a radio with headsets, books, writing materials, magazines
- ear plugs and eye mask, in case you have a light sleep and are staying in a 3 or more bed room
- some money.

Leave larger amounts of cash and valuables at home. You should not take your mobile phone with you, either

Frequent Examinations

During hospital stays and before operations, certain examinations are very frequent. They are necessary, to allow the doctor to get a picture of your state of health and the status of your illness. Some of the most frequent examinations are: taking blood, X-rays, ECG (electrocardiograph) for heart monitoring, and ultrasound scans to examine your internal organs. Other imaging by a CT-scan (computer tomography) or MRI-scan (magnetic resonance imaging) might be performed as well. In these procedures you will be placed inside a large tube. You might experience anxiety, but be assured that the procedure is absolutely painless.

When an operation is planned, you may be requested to donate blood in the weeks before it. In an emergency your own stored blood is available during the operation, if you need it.

Information before operations, doctors' duties

Before an operation, it is the doctor's responsibility to inform you about the chances and risks of the operation. Listen carefully, ask questions and have everything explained to you which you find important. If you do not understand German well enough, let friends or members of the family assist you with translation. Ask the physician to speak as clearly and simply as possible. All incomprehensible special words can be explained! After all, you will also have to sign a consent form, without which you cannot be operated on. Read the consent form carefully and only sign what you have understood!

Should you or your family not speak German sufficiently well to understand the pre-op explanations, you can ask expressly for an interpreter. Hospitals are generally willing to organise an interpreter for you, if requested expressly. The costs for this must be covered by the hospital, if the interpreter is necessary for you to understand the explanations about the operation procedure.



Before the operation itself, certain preparations are necessary. For example, it may be that the part of your body to be operated on must be shaved. To prepare for the necessary steps in advance, simply ask your doctor.

During the operation you will be anaesthetised. The anaesthetic can numb only one part of the body (local anaesthesia) or put you into a deep sleep (full anaesthesia). The anaesthetist is responsible for the anaesthetic. He will speak to you beforehand about the anaesthetic. If you are afraid of anaesthesia or are worried tell him that. He will be able to reduce your fear by explaining everything to you.

When undergoing an operation as an out-patient, and being allowed to go straight home afterwards, it is important for you to know how you have to prepare yourself for the operation and how you need to behave afterwards. It is necessary for you to understand all instructions well, and that you follow

them correctly to guarantee a successful operation and subsequent recovery.

The same applies for the instructions which you receive before the operation as an in-patient. Remember exactly at what point you need to stop eating and drinking. It is very important that you follow the instructions, otherwise serious complications could occur.

If you are in extreme pain after the operation, you need to inform the clinic staff immediately.

Daily hospital routine

In hospital, doctors and staff try to identify your illnesses and to cure them, to prevent a worsening of the disease, to ease the symptoms and to provide maternity care. In hospital your basic needs of accommodation and meals are cared for.

This means that you do not need to bring bedding, and that your friends and family members can come and visit you, but that they do not have to bring you food. You will be given standard hospital food. You can tell the admission staff or the nurse if you have special needs, for example if you do not eat meat. Tell

the ward staff which foods you do not want to eat for religious reasons. Then this will be taken into consideration. It is important to ask the orderlies which of the foods your family brings you can eat safely, without negatively influencing your recovery. Hospital food is meant to be nutritious and sufficient for patients.

During your stay, many different people will be around you. There is the hospital staff to begin with: the senior consultant, whom you probably only see seldom, the ward doctor, the assistant doctors, the nurses and orderlies. Then there is the cleaning and kitchen staff of course, whom you will probably not encounter. Perhaps there is also a hospital psychologist or a social worker at your hospital.

The doctors come to your room once a day while they do their ward round. This provides a good opportunity for you to ask questions regarding your treatment and recovery. If the team is in a great hurry sometime and has no time to answer all the questions, you should not take it personally. Just the same as the nurses, the doctors are under a lot of stress. They work very long hours, have many patients and have to think about many things simultaneously.

Perhaps it is embarrassing for you to have your health spoken about during the ward rounds, in front of so many doctors, or other patients in the room and perhaps even in front of students. Or you would prefer not to have your wounds examined in front of the whole team. Then it is very important that you talk about this subject. In many hospitals it is possible for you to be examined separately. This may hold the doctors up a little, but you may insist on it.

If you are sharing a room with others, this may mean that you have problems sleeping. You can take ear plugs and an eye mask with you just in case, to avoid being disturbed by other patients while sleeping. In hospital, the night is normally over early in the morning. All the patients are generally woken up very early and breakfast at such an early hour is usually not so welcome. No one seems to like this very much, but it appears necessary if the doctors and ward staff are to manage their heavy workload.

After the successful operation a lot of visitors may want to come and see if you are feeling alright. If you are happy to see them, their visit will perhaps contribute to your recovery. Before mum, dad, grandpa, grandma, cousins, friends, colleagues and the football club arrive, you ought to remember three things: firstly, you should



Discharge

Before you leave the hospital, you should know what kind of treatment you will receive afterwards. You might have to return to the hospital again for further treatment. You might need certain medications or a special diet. Maybe you have to go to the doctor for continued care, or you are not allowed to move around so much yet. Listen to your doctor's advice and ask if anything is unclear!

only accept as many visitors as you can handle; if you are tired or weak, just send the people home! After all, you have to get better soon! Secondly, the visitors must keep to the visiting hours of the hospital, apart from absolutely exceptional cases. And thirdly: do not forget the other patient in your room. He might have just had an operation and needs a lot of peace and quiet. As soon as you feel strong enough you should go with your visitors into the hall, to the visitors' room, into the cafeteria, or take a short walk with them in the hospital park.

The doctor will give you a letter for your family doctor so that he receives the key information about your hospital treatment.

Please do not forget to pay your personal contribution (see inserted data sheet) directly at the hospital, if you have not paid already for a total of 28 days within the calendar year and are exempt from co-payments.

6. Public Health Service

The public health service (“öffentlicher Gesundheitsdienst”) in Germany is the third pillar of the health system, alongside the out-patient healthcare services (mostly at a doctor’s surgery) and in-patient health care (i.e. hospital care). The public health service is located in administrative districts and in some large cities, either at the public Health Office or other offices of public health. The superintendent of the district or city regulates who is responsible for the respective duties in his area of responsibility. You will rarely have to deal with these authorities, but rather with the doctors working for them. Nevertheless, the Public Health Service fulfils important tasks.

It is important to be aware that each state regulates for itself which tasks the public health service deals with. Therefore we can only describe the most important duties of the public health service and those which are also of importance to immigrants.

When your child is supposed to start school, for example, he or she has to undergo a school beginners’ medical examination. This examination will

test whether the child is physically and mentally ready to begin school. This examination is often administered through the public health service. If a developmental disorder is suspected, the public health service provides counselling for the parents about appropriate educational programmes for their children.

Also, when you have questions about vaccinations, you may want to consult the public vaccination service in addition to your family doctor. The public health service itself also administers some vaccinations. If infectious diseases appear, public health service staff are also concerned with preventing the spread of it to other persons. They ensure that the appropriate measures are taken for this.





Persons involved in working with food require a health certificate before working in this sector, and can usually get one from the public health service. The staff of consultation services advise people with handicaps or people threatened by disability. Persons threatened by psychological disability and those already mentally ill, or their relatives, can turn to a special Social Psychiatry service (“Sozialpsychiatrischer Dienst”).

The public health service can also provide advice on pregnancy conflict situations. If a person requires a certificate on such counselling, which is required for legal abortion, she will find an accredited advice centre at some health authorities’ offices, or will receive the address of such a centre. Women in need can also apply here for assistance to receive the basic requirements for their babies.

The public health service also cares in different ways for health promotion and the health care of minority groups and the socially underprivileged. In cooperation with the social service in temporary housing and in city districts, doctors will make house calls to families at home, if necessary. Similar to other doctors, they maintain patient confidentiality. Finally, at the public health service you will receive information about the German health care system and numerous health issues. Your city or district administration will provide information about the contact persons, the exact responsibilities of the public health service and scope, and the business hours.

7. What do you do in case of emergency?

An emergency is any illness or injury that is so bad that it requires immediate medical treatment. This can be high fever, a broken leg, haemorrhaging (bleeding), difficulty in breathing, poisoning, or a sudden loss of consciousness.

In situations which you consider life-threatening you should call an ambulance immediately. Then the patient will be transported as fast as possible to hospital, and can be treated in the ambulance already, if necessary. Other injuries, for example broken bones or head injuries are not to be taken lightly either. In these cases, the patient must also be taken to hospital immediately.

The Emergency Number for the whole of Germany is 112.

It would be best to tape this number on a piece of paper to your telephone, because you can easily forget the number in panic. You should try to stay as calm as possible while on the phone. You are of no use to anybody if you become hectic. Explain calmly and clearly where the patient is,

what has happened and what his condition is. Listen carefully yourself and answer any questions as well as you can.

If you or your child are simply sick, you can go to your family doctor or to a paediatrician. If you are too ill, you can ask your doctor to visit you at home.

If you cannot reach your doctor during weekends or on Wednesday afternoons, check the local newspaper for doctors on emergency duty and call them. Often there is a centralized phone number, or even a real emergency surgery.

If the situation is so acute that you cannot afford to search for the right doctor, take the sick or injured person to the emergency room ("Notfall-Ambulanz") of the nearest hospital, where he or she will be treated as soon as possible.



It is always good to know how to carry out first aid yourself, especially if you have a family. Children are curious and they cannot judge hazards yet. When you are distracted, your child can easily burn itself, swallow something poisonous or have a bad bicycle accident. It is good to know what first aid one can carry out in such situations before professional help arrives. At first aid courses you can learn that. Such courses are offered by many associations and educational institutions.

If you think that more harm could be done to the person by you making the journey, then you had better call 112 for an ambulance.

Individuals making use of the emergency service or going to the emergency room of a hospital have to pay the surgery fee, even if there is a referral of the general practitioner. The receipt is valid for the whole quarter: If you have to make use of the emergency service within the same quarter, there is no further surgery fee due.

Addresses for further Information

1. Health Institutions on Federal Level

Bundesministerium für Gesundheit (BMG)

Referat Information, Publikation, Redaktion
Rochusstraße 1 · 53123 Bonn
www.bmg-bund.de

The Ministry of Health (BMG) offers a telephone information service regarding the following subjects:

- Long-term Care Insurance:
Tel.: 01805|99 66 03
- Health insurance scheme:
Tel.: 01805|99 66 02
- Health insurance coverage for all:
Tel.: 01805|99 66 01

Krebsinformationsdienst KID

Deutsches Krebsforschungszentrum
Im Neuenheimer Feld 280 · 69120 Heidelberg
www.krebsinformationsdienst.de

Information service for questions relating to cancer:

- Tel.: 0800|4 20 30 40 (every day from 8am to 8pm, calling on the landline is free of charge)
- KID-Tel.: 06221|41 01 21
(Monday to Friday from 8am to 8pm)
- Information line breast cancer:
06221|42 43 43 or |41 01 21
(Monday to Friday from 8am to 12am)

- Information line cancer pain:
06221|42 20 00
(Monday to Friday from 12pm to 4pm)
- Information line cancer fatigue:
06221|42 43 44
(Monday, Wednesday, Friday, 4pm to 7pm)

Bundeszentrale für gesundheitliche Aufklärung

Ostmerheimer Straße 220 · 51109 Köln
www.bzga.de

Telephone advisory service of the Federal Centre for Health Education (BZgA):

Lines are open: Monday to Thursday, 10am to 10pm, Friday to Sunday, 10am to 6pm

- Telephone advisory service on HIV and AIDS: Tel.: 01805|55 54 44
(at the moment 14 cents per minute calling on the German landline)
- Telephone advisory service on drug prevention: Tel.: 0221|89 20 31
- Telephone advisory service on smoking cessation: Tel.: 01805|31 31 31
(at the moment 14 cents per minute)
- Telephone advisory service on eating disorders: Tel.: 0221|89 20 31
- Telephone advisory service on compulsive gambling: Tel.: 0800|1 37 27 00

- Telephone advisory service on organ donation: Tel.: 0800|9 04 04 00
(Lines are open: Monday to Thursday 9am to 6pm, Friday 9am to 4pm)

Bernhardt-Nocht-Institut für Tropenmedizin

Bernhardt-Nocht-Straße 74 · 20359 Hamburg
www.bni-hamburg.de
Tel.: 040|42 81 80 (24 h)
Fax: 040|42 81 84 00

Fit for Travel – Informationsdienst für Reisemedizin und Tropenkrankheiten

Ludwig-Maximilians Universität München –
Abteilung Infektions- und Tropenmedizin
Leopoldstraße 5 · 80802 München
www.fit-for-travel.de

2. Professional Institutions of Dentists, Doctors and Pharmacies

Bundesärztekammer

Arbeitsgemeinschaft der deutschen
Ärztekammern
Herbert-Lewin-Platz 1 · 10623 Berlin
www.bundesaerztekammer.de
Tel.: 030|4 00 45 60 · Fax: 030|4 00 45 63 88
Doctor search in Germany via:
www.arzt.de/page.asp?his=2.5511

Bundesvereinigung Deutscher Apothekerverbände (ABDA)

Jägerstraße 49/50 · 10117 Berlin
www.abda.de oder www.aponet.de
Tel.: 030|40 00 40 · Fax: 030|40 00 45 98

Kassenärztliche Bundesvereinigung

Herbert-Lewin-Platz 2 · 10623 Berlin
Doctor search in Germany via:
www.kbv.de/arztuche/178.html
Tel.: 030|4 00 50 · Fax: 030|40 05 10 93

Bundeszahnärztekammer

Arbeitsgemeinschaft der deutschen
Zahnärztekammern e.V.
Chausseestraße 13 · 10115 Berlin
www.bzaek.de
Tel.: 030|40 00 50 · Fax: 030|40 00 52 00
Database on patient information centres in
Germany:
www.bzaek.de/list/pati/050607_
Beratungsstellen.pdf

3. Federal Associations of Statutory Health Insurance Funds

Spitzenverband Bund der Krankenkassen

Friedrichstr. 136 · 10117 Berlin

Tel.: 030|2 40 08 65-63

Fax: 030|2 40 08 65-88

For individual questions on the health insurance scheme please refer to a health insurance fund of your choice.

4. Independent Patients' and Consumers' Associations

Verbraucherzentrale Bundesverband e.V.

Markgrafenstraße 66 · 10969 Berlin

www.vzbv.de

Fax: 030|2 58 00 02 18,

the Federation of German Consumer Organisations (VZBV) does not offer a telephone advisory service

Bundesarbeitsgemeinschaft

Mehr Sicherheit für Kinder e.V.

Heilbachstraße 13 · 53123 Bonn

www.kindersicherheit.de

Tel.: 0228|68 83 40 · Fax: 0228|688 34 88

Bundesarbeitsgemeinschaft Erste Hilfe

Carstennstraße 58 · 12205 Berlin

www.bageh.de

Tel.: 030|85 40 43 67 · Fax: 030|85 40 44 83

Allgemeiner Patienten-Verband e.V.

Bundespatientenstelle

Deutschhaus-Straße 28 · 35037 Marburg

www.patienten-verband.de

Tel.: 06421|6 47 35 (Monday to Friday, 10am to 12am)

Bundesarbeitsgemeinschaft der

PatientInnenstellen (BAGP)

Geschäftsstelle der BAGP

Waltherstraße 16a · 80337 München

Tel.: 089|76 75 51 31

Deutsche Arbeitsgemeinschaft

Selbsthilfegruppen e.V.

Friedrichstraße 28 · 35392 Gießen

www.dag-selbsthilfegruppen.de

Tel.: 0641|9 94 56 12 · Fax: 0641|9 94 56 19

Sozialverband VdK Deutschland e.V.

Wurzerstraße 4a · 53175 Bonn

www.vdk.de

Tel.: 0228|82 09 30 · Fax: 0228|8 20 93 43

Deutsches Grünes Kreuz e.V.

Im Kilian – Schuhmarkt 4 · 35037 Marburg

www.dgk.de

Tel.: 06421|29 30 · Fax: 06421|2 29 10

**Bundesarbeitsgemeinschaft SELBSTHILFE
e.V. (BAG Selbsthilfe)**

Kirchfeldstraße 149 · 40215 Düsseldorf
www.bagh.de
Tel.: 0211|31 00 60 · Fax: 0211|3 10 06 48

Sozialverband Deutschland e.V. (SoVD)

Stralauer Straße 63 · 10179 Berlin
www.sovd-bv.de
Tel.: 030|7 26 22 20 · Fax: 030|7 26 22 23 11

5. Health Policy Institutions for Immigrants

**Arbeitskreis Migration und öffentliche
Gesundheit**

c/o Beauftragte der Bundesregierung für
Migration, Flüchtlinge und Integration
11017 Berlin
www.integrationsbeauftragte.de

**Bayrisches Zentrum für Transkulturelle
Medizin e.V.**

Sandstraße 41 · 80335 München
www.bayzent.de
Tel.: 089|54 29 06 65 · Fax: 089|5 23 69 78

Ethno-Medizinisches Zentrum e.V.

Königstraße 6 · 30175 Hannover
www.ethno-medizinisches-zentrum.de
www.bkk-promig.de
www.aids-migration.de
www.interkulturelle-suchthilfe.de
Tel.: 0511|16 84 10 20 · Fax: 0511|45 72 15

Institut für Transkulturelle Betreuung e.V.

Am Listholze 31a · 30177 Hannover
www.itb-ev.de
Tel.: 0511|5 90 92 00 · Fax: 0511|59 09 20 10

**Deutsch-Türkische Gesellschaft für
Psychiatrie, Psychotherapie und
psychozoiale Gesundheit (DTGPP) e.V.**

Klinik für Psychiatrie und Psychotherapie
Cappeler Str. 98 · 35039 Marburg
www.dtgpp.de
Tel.: 06421|40 43 04 or |40 44 11
Fax: 06421|40 44 31

**Deutsch-Türkische Medizinergesellschaft
e.V. (DTM)**

Schmiedestraße 31 · 30159 Hannover
www.dtm-ev.de
Tel.: 0511|2 35 23 04 · Fax: 0511|2 35 23 66
(Monday and Thursday, 9am to 11:30am,
Tuesday and Friday, 14:30pm to 17pm)

**Referat Transkulturelle Psychiatrie der
Deutschen Gesellschaft für Psychiatrie,
Psychotherapie und Nervenheilkunde
(DGPPN)**

Carl-Neuberg-Straße 1 · 30167 Hannover
www.dgppn.de
Tel.: 0511|5 32 66 19 · Fax: 0511|5 32 24 08

Türkisch-Deutsche Gesundheitsstiftung e.V.

Türk-Alman Saglik Vakfi

Friedrichstr. 13 · 35392 Gießen

www.trd-online.de

Tel.: 0641|9 66 11 60 · Fax: 0641|96 61 16 29

6. Non-Governmental Welfare Organisations

Deutsches Rotes Kreuz e.V. (DRK)

Generalsekretariat

Carstennstraße 58 · 12205 Berlin

www.drk.de

Tel.: 030|85 40 40 · Fax: 030|85 40 44 50

**Zentralwohlfahrtsstelle der Juden in
Deutschland e.V.**

Hebelstraße 6 · 60316 Frankfurt am Main

www.zwst.org

Tel.: 069|9 44 37 10 · Fax: 066|49 48 17

**Arbeiterwohlfahrt Bundesverband e.V.
(AWO)**

Oppelner Straße 130 · 53119 Bonn

www.awo.org

Tel.: 0228|6 68 50, Tel.: 0228|6 68 52 49

(Fachbereich Migration)

Fax: 0228|6 68 52 09

**Diakonisches Werk der evangelischen
Kirchen Deutschlands (EKD) e.V.**

Dienststelle Berlin

Reichensteiner Weg 24 · 14195 Berlin

www.diakonie.de

Tel.: 030|83 00 10 · Fax: 030|83 00 12 22

Deutscher Caritasverband e.V.

Karlstraße 40 · 79104 Freiburg

www.caritas.de

Tel.: 0761|2000 · Fax: 0761|20 05 72

Der Paritätische Wohlfahrtsverband

Gesamtverband

Oranienburger Straße 13–14 · 10178 Berlin

www.der-paritaetische.de

Tel.: 030|24 63 60 · Fax: 030|24 63 61 10

7. Exercise and fitness in sports clubs

Deutscher Olympischer Sportbund

Ressort Präventionspolitik und

Gesundheitsmanagement

Otto-Fleck-Schneise 12 · 60528 Frankfurt

am Main

Tel.: 069|670 00 · Fax: 069|67 49 06

List of sports possibilities at:

www.sportprogesundheit.de

Hand in Hand for your Health

We thank the many scientists, experts and institutions who have contributed to compiling this Guide through the German Health System for you.

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Notes

Health – hand in hand

The German health system still counts as one of the best in the world, but not as one of the simplest. It is often difficult to understand how it functions, not only for people who have just arrived in Germany or have not lived here long.

Just the question of whether you can take out health insurance, and how, is difficult to answer. Or you wonder to whom you can turn if you yourself or a member of the family is sick. Do you go to a doctor first or straight into hospital? And if you go to a doctor, which one do you actually go to?

We want to give you answers to these questions with the present “Guide through the German Health System”.

You will find more detailed information about the guide on the website **www.bkk-promig.de**. The guide was developed within the framework of the BKK’s (Betriebskrankenkassen – Workers’ Health Insurance Schemes) initiative “Mehr Gesundheit für alle” (“more health for everyone”) which is committed to more equality in the public healthcare system. You will find further information on the internet at **[www.bkk.de/ mehr-gesundheit-fuer-alle](http://www.bkk.de/mehr-gesundheit-fuer-alle)**.

Der BKK Gesundheitswegweiser „Hand in Hand“ ist in folgenden Sprachen erschienen:
Albanisch, Arabisch, Deutsch, Englisch, Französisch, Griechisch, Italienisch, Kurdisch, Persisch,
Polnisch, Russisch, Serbokroatisch, Spanisch, Türkisch.

