

Schedule of Charges Governing Services and Fees at the Schulthess Klinik (KWS Schedule of Charges)

(version dated 1 January 2026)

A. General provisions	
Introduction	The Schulthess Klinik issues this Schedule of Charges on the basis of national legislation in accordance with the Federal Health Insurance Act (HIA), the Federal Social Insurance Acts: Health Insurance Act (AIA)/Invalidity Insurance Act (InvIA)/Military Insurance Act (Milia) and the Hospital Act of the Canton of Zurich. This is the second version.
Scope of application	<p>Clause 1.</p> <p>¹ The Schedule of Charges governs the charging of services at the Schulthess Klinik for medical treatment, nursing and care of patients of all origins and for all specialist fields.</p> <p>² The Schulthess Klinik (KWS) may enter into special contracts with officially recognised health insurers, other insurance companies and other third parties which differ from this Schedule of Charges.</p>
Patients	<p>Clause 2.</p> <p>¹ For the purposes of this Schedule of Charges, patients are persons who are treated at the KWS.</p> <p>² Treatment includes all medical, nursing and care measures for examination, treatment and therapy.</p>
Patient groups	<p>Clause 3.</p> <p>¹ Patients are categorised by place of residence under civil law (tax residence) as follows:</p> <ul style="list-style-type: none"> a. Patients who have their place of residence under civil law in the Canton of Zurich or who are eligible for financial assistance in accordance with the Social Assistance Act; b. Patients who have their place of residence under civil law in other cantons. Persons from EU/EFTA countries who fall within the scope of Art. 95a HIA are deemed equivalent to these. Deemed equivalence only applies to the benefits stipulated in this provision and only to the extent that they fall within the scope of application of this Schedule of Charges; c. Foreign patients who have their place of residence under civil law abroad and who do not fall under letter b sentence 2 (from non-EU/EFTA countries). <p>² The place of residence under civil law considered is that at the start of outpatient treatment or inpatient stay at the hospital.</p>

B. Service categories	
Treatment type	<p>Clause 4.</p> <p>¹ Patients are treated as outpatients or inpatients. The distinction is drawn based on the regulations applicable to compulsory health insurance tariffs.</p> <p>² Inpatient and outpatient treatment is distinguished in accordance with the Costing and Activity Recording by Hospitals, Maternity Units and Nursing Homes under the Health Insurance Ordinance (CARO) issued by the Federal Council.</p> <p>An inpatient is someone who:</p> <ul style="list-style-type: none"> a) stays longer than 24 hours; b) stays in hospital for less than 24 hours but beyond midnight (00:00) and occupies a bed during the night; c) dies in hospital; d) is transferred to another hospital. <p>All other patients are outpatients.</p>
Outpatient treatment	<p>Clause 5.</p> <p>In the event of outpatient treatment, the KWS provides benefits in accordance with the standards of compulsory health insurance.</p>
Inpatient treatment a. General	<p>Clause 6.</p> <p>¹ For those with standard insurance, the KWS provides benefits in accordance with the standards of compulsory health insurance.</p> <p>² For those classified as standard insurance patients, the infrastructure provided and the time and course of treatment are set in accordance with the provisions of health and patient legislation. In particular, patients are not entitled to a choice of doctor or room.</p>

b. Semi-private and private	<p>Clause 7.</p> <ol style="list-style-type: none"> ¹ For semi-private and private treatment, the KWS offers patients additional services for accommodation and meals, treatment or administration. ² Patients in the semi-private bed category are generally entitled to: <ol style="list-style-type: none"> a. accommodation in a two-bed room; b. treatment by the relevant senior doctor (senior consultant, if necessary head of department or other specialist with the appropriate qualification). ³ Patients receiving private treatment are generally entitled to: <ol style="list-style-type: none"> a. accommodation in a single room; b. treatment by the responsible senior doctor (head of department or senior consultant or a deputy with the appropriate qualification). ⁴ For the distinction between semi-private and private, please see the "Our Benefits" brochure.
Other services	<p>Clause 8.</p> <p>Further outpatient and inpatient care services may be offered.</p>

	<p>C. Setting charges</p>
Outpatient treatment	<p>Clause 9.</p> <ol style="list-style-type: none"> ¹ For outpatient treatment, the KWS charges for its services in accordance with the following sets of rules: <ol style="list-style-type: none"> a. TARMED for the services defined therein, other regulations approved by the Federal Council, in particular those for physiotherapy and occupational therapy; b. analyses and medicinal products, products and items. ² The charge points and charge point values applicable in health, accident, invalidity and military insurance apply. ³ When treating Swiss and foreign patients as defined in Clause 3(1) letters b and c, surcharges may be applied to the charges in accordance with commercial principles. ⁴ For foreign patients as defined in Clause 3(1) letter c, advance payment is required. This must be transferred to a Schulthess Klinik account at least five working days in advance.

Inpatient treatment	<p>Clause 10.</p> <ol style="list-style-type: none"> ¹ As a rule, flat rates are charged for inpatient treatment. The administrative rules and specifications of SwissDRG AG and the flat rates and prices agreed in the contracts with insurers apply. ² For treatments where the costs differ significantly from average case costs, individual services may be charged in full or in part in accordance with the rules and principles set out in Clause 8 or special flat rates may be set. ³ Cost estimates may be prepared for non-compulsory benefits and for persons who do not have a place of residence in Switzerland under civil law and do not hold insurance cover under Swiss law. An advance payment equal to the cost estimate is required in such cases. This must be transferred to a Schulthess Klinik account at least five working days in advance. The Schedule of Charges, billing rules and prices of the calendar year in which discharge took place apply.
Self-payers and non-compulsory benefits	<p>Clause 11.</p> <ol style="list-style-type: none"> ¹ Patients resident outside the canton of Zurich who can only provide insurance cover for their canton of residence under civil law must generally pay the full difference between the rates and the tariffs of their canton of residence themselves. ² Services with no recognised tariffs which do not count as mandatory benefits under HIA, InvIA, AIA or MillA and which are not specifically regulated in this Schedule of Charges will be invoiced at commercial prices. The same applies to additional and supplementary services requested by all patients and to elective treatment for patients resident abroad. ³ The hospital will prepare a cost estimate on request for planned treatments where there are no tariffs or for self-payers. The amount invoiced at the end of the stay may differ from the estimate. ⁴ If coverage of costs was not clarified in advance or it was not known that a patient had insufficient insurance cover, the patient bears the cost risk in full. ⁵ New services require the approval of the hospital's management.

Services invoiced separately	<p>Clause 12.</p> <p>Unless otherwise stipulated in the contracts with insurers, the following services will be billed separately to the patient outside the tariffs:</p> <ol style="list-style-type: none"> transport for which there is no medical indication; medications, remedies and items provided for use after discharge; individually requested additional services for comfort, hospitality and free choice of doctor; external interpreting services; medical opinions and reports for external bodies; expenses for personal needs by agreement; costs for damage to property; costs in the event of death.
Special patient groups/ rooming-in	<p>Clause 13.</p> <ol style="list-style-type: none"> The KWS levies charges to cover the costs of people who accompany patients. Rooming-in with children up to the age of 11 is allowed if space permits. An accompanying person is only allowed if the patient has private insurance cover or requests an upgrade and space permits.
Upgrades	<p>Clause 14.</p> <ol style="list-style-type: none"> Upgrades are available on request. When a patient transfers to a private ward, the KWS generally bills the applicable charges for this service category from the day of admission. A change of class during the stay is only possible for the entire duration of the stay.
Missed appointments	<p>Clause 15.</p> <ol style="list-style-type: none"> The KWS will charge for missed outpatient appointments unless the patient has given at least 24 hours' notice of cancellation. A lump sum plus the cost of any medication and materials specially prepared for the treatment will be billed. In the event of missed surgical appointments, the KWS reserves the right to issue an invoice for the services provided (e.g. surgical team, infrastructure, etc.).

D. Charges																																														
DRG basic rate (basic price of compulsory insurance)	<p>Clause 16.</p> <p>¹ Inpatient hospital services provided as compulsory benefits under federal social insurance under HIA/AIA/InvIA/Milia will be charged in accordance with the tariffs agreed with insurers or set by the competent authority.</p>																																													
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	<p>² For services provided outside the federal social insurance schemes listed, the cost estimate applies. This applies in particular to foreign patients as defined in Clause 3(1) letter c.</p> <p>³ In the cases referred to in 2 above, the invoice will be sent directly to the person treated.</p>																																													
Charges for semi-private and private wards	<p>The tariffs agreed apply to insurance policies with an IPA contract.</p> <p>The following Schedule of Charges applies to all others without a contract:</p> <table border="1"> <thead> <tr> <th colspan="3">Schedule of Charges in CHF (patients who have their place of residence under civil law in Switzerland)</th> </tr> <tr> <th></th><th>Semi-private</th><th>Private</th></tr> </thead> <tbody> <tr> <td>Hospitality and additional hospital services (per night)</td><td>700.00</td><td>1,000.00</td></tr> <tr> <td>Additional medical services (basic rate)</td><td>6,000.00</td><td>9,000.00</td></tr> <tr> <th colspan="3">EU/EFTA in CHF (patients who have their place of residence under civil law in the EU/EFTA)</th> </tr> <tr> <th></th><th>Semi-private</th><th>Private</th></tr> <tr> <td></td><td>*on request</td><td>*on request</td></tr> <tr> <th colspan="3">Foreign countries in CHF (patients who have their place of residence under civil law in non-EU/EFTA countries)</th> </tr> <tr> <th></th><th></th><th>Private</th></tr> <tr> <td></td><td></td><td>*on request</td></tr> </tbody> </table>	Schedule of Charges in CHF (patients who have their place of residence under civil law in Switzerland)				Semi-private	Private	Hospitality and additional hospital services (per night)	700.00	1,000.00	Additional medical services (basic rate)	6,000.00	9,000.00	EU/EFTA in CHF (patients who have their place of residence under civil law in the EU/EFTA)				Semi-private	Private		*on request	*on request	Foreign countries in CHF (patients who have their place of residence under civil law in non-EU/EFTA countries)					Private			*on request															
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Upgrades	Bed category in CHF*			
				Self-payers
	Upgrade to private for patients with standard insurance			*Upgrade on request
	Upgrade to private for patients insured for semi-private			*Upgrade on request
Charges for outpatient services and miscellaneous services	Outpatient charges for HIA insurers in CHF Foreign insurers in accordance with agreements/contracts in CHF			
		HSK	tarifsuisse	CSS
	TARMED	0.93	0.91	0.93
	Physiotherapy	1.11	1.11	1.11
	Occupational therapy	1.10	1.10	1.10
	Laboratory	1.00	1.00	1.00
	Outpatient charges federal social insurance AIA, InvIA, Milla			
	TARMED			CHF 0.96
	Physiotherapy			1.00
	Occupational therapy			1.10
	Laboratory			1.00
	Outpatient charges for self-payers in Switzerland			
	Physician costs as per TARMED, per charge point			CHF 0.93
	Physiotherapy, per charge point			1.11
	Occupational therapy, per charge point			1.10
	Laboratory, per charge point			1.00
	Outpatient charges for EU/EFTA and abroad			
	Physician costs as per TARMED, per charge point			CHF *on request
	Physiotherapy, per charge point			*on request
	Occupational therapy, per charge point			*on request
	Laboratory, per charge point			*on request
	Missed outpatient appointments			
	Physiotherapy			CHF 100.00
	A fee may be charged for missed outpatient appointments.			On a time and materials basis

E. Miscellaneous provisions	
Charge contracts	<p>Clause 17.</p> <p>¹ The Clinic may enter into contracts with insurers, official bodies and other charge guarantors that differ from this Schedule of Charges.</p> <p>² Contracts require the approval of the hospital's management.</p>
Entry into force	<p>Clause 18.</p> <p>This Schedule of Charges will enter into force on 1 January 2026.</p>