

Price list for University Hospital Basel, valid from 22 April 2026

["Tariff regulation"]

[The German text is authoritative when interpreting the price list.]

1. General provisions

1.1 Scope

This price list is valid for the University Hospital Basel (USB), where the tariffs and prices have not been stipulated in contracts with health insurance companies, social insurance companies, supplementary insurance companies, insurers, similar institutions or cantons, or in international agreements.

In addition, the right to have the tariff set officially – in particular in the absence of a tariff agreement in accordance with Art. 47 of the Swiss Federal Health Insurance Act (KVG/LAMal) – by the Government of the Canton of Basel-Stadt is reserved.

In-patient treatment according to Art. 49 Para. 1 KVG is defined as stays for examination, treatment and care in hospital¹

- of at least 24 hours
- of less than 24 hours during which a bed is occupied during one night
- in case of transfer to another hospital
- in case of death

All other treatments are considered outpatient treatment. Repeated stays in day or night clinics are also considered outpatient treatment.

1.2 Commitment to provide cover/down payment

The remuneration of services provided by the hospital must be guaranteed in advance by a commitment to provide cover from a guarantor recognised by the hospital. In the event of emergency, the commitment to provide cover must be provided as soon as possible.

If there is no commitment or no full commitment to provide cover at the time of admission to hospital, the payment of the treatment costs or the expected invoice amount must be ensured by a down payment determined by the hospital or other suitable means, e.g. by a bank guarantee.

¹ See also current "Rules and definitions for case settlement under SwissDRG, TARPSY and ST Reha", Point 1.3

If the commitment to provide cover or the down payment is not provided upon admission to hospital, the hospital is not obliged to admit the patient. Exceptions can be approved by the hospital management; emergencies are excluded.

If the expected invoice amount exceeds the amount of the commitment to provide cover or the down payment or another guarantee, the hospital is entitled to increase the guarantee.

1.3 Invoicing

The hospital will issue an invoice at the end of the inpatient stay. Partial invoices can be issued for outpatient treatment before the end of treatment.

The invoice is to be paid within 30 days in each case, unless otherwise regulated. If the amount owed is not paid within 45 days of receipt of the invoice, interest on arrears at a rate of 5 per cent shall be owed from the 31st day, following a single reminder.

The time limit for the invoiced claim is based on Art. 128 Para. 3 OR and is 5 years.

1.4 Settlement at the turn of the year

Invoicing of inpatient services is based on the discharge date in accordance with the current rules and definitions for case settlement under SwissDRG. For night charges and services provided on an outpatient basis, the price in force on the date of service applies.

1.5 Place of jurisdiction, applicable law

In case of disputes, the parties shall seek an amicable solution. If this is not possible, the parties recognise the Insurance Court of the Canton of Basel-Stadt as the arbitration commission.

The place of jurisdiction is Basel-Stadt.

2. Inpatient treatment General ward

2.1 Flat rate per case in accordance with SwissDRG

For medical services, a flat rate per case is calculated in accordance with the SwissDRG system and its rules, using a relative cost weight of the treatment case (CW).

There are also additional fees in accordance with SwissDRG and services not included in SwissDRG (e.g. services in connection with transplants).

	Base price with cost weight 1.0 per stay
General treatment KVG canton of residence	Complies with the existing contracts
General treatment KVG patients Switzerland and EU/EFTA (bilateral agreements)	General treatment KVG canton of residence + basic charge in accordance with 2.2
General treatment Accident/military/disability insurance	Complies with the existing contracts
General treatment for patients paying themselves without tariff protection (patients in Switzerland and EU/EFTA) and patients insured abroad without tariff protection (EU/EFTA)	CHF 12,250
General treatment for patients paying themselves without tariff protection and foreign patients outside bilateral agreements	CHF 14,650

2.2 Basic charge for patients from outside the canton (“choice of hospital”)

The supplementary insurance “throughout Switzerland” or the supplementary insurance “semi-private/private” pays the portion not covered by the compulsory health insurance (OKP) for treatment outside the canton that is not medically indicated in accordance with Art. 41 Para. 3 KVG/LAMal.

3. Inpatient treatment Semi-private or private ward

The following prices only cover hospital services that are not covered by compulsory health insurance or accident insurance/military insurance. The prices are applied in the absence of a valid contract with supplementary insurance, in the event of insufficient coverage or for people paying themselves.

There is no provision for a change in treatment class during hospitalisation. Free choice of doctor is only offered when staying in a semi-private or private room.

3.1 Free choice of doctor

Patients with supplementary insurance or people who are paying themselves are free to choose their own doctor, a specialist entitled to a fee.

Flat rate for free choice of doctor with cost weight 1.0 in accordance with SwissDRG per stay	Private	Semi-private
People who pay themselves	CHF 7,000	CHF 5,100

The total amount for free choice of doctor is calculated by multiplying the price by the effective cost weight of the inpatient treatment.

3.2 Additional charge per night

The additional charge per night is calculated based on the length of stay according to Swiss-DRG rules. Full days of holiday do not count as part of the duration of the stay.

Additional charge per night	Private ward	Semi-private ward
People who pay themselves	CHF 800	CHF 580

3.3 Admission fee

An admission fee of CHF 300 per admission can be charged.

4. Outpatient treatments

4.1 Individual services or flat rates

The University Hospital Basel charges for individual services or sets flat rates. For medical services, the Tardoc individual service catalogue or outpatient flatrates according to the outpatient tariff system valid from January 1, 2026, as well as other tariff structures valid for compulsory health insurance (OKP) and in the accident sector (MTK) are applied.

4.2 Outpatient treatment individual services

Tax point values in CHF	KV	UV/IV/MV	People who pay themselves ^{a)}
a) Tax point values for medical services			
Tardoc	Prov. 0.91	Prov. 1.00	1.50
Dental services	3.10 (SSO)	1.00 (Dentotar)	1.80 (Dentotar)
Laboratory analyses	1.00	1.00	1.50
b) Tax point values for paramedical services			
Physiotherapy	1.00	1.00	1.50
Occupational therapy	1.10	1.10	1.50
Speech therapy	1.06	1.00	1.50
Nutritional advice	1.00	1.00	2.20
Consulting and care services in hospitals	0.91	1.00	1.50
Diabetes advice	1.00	1.00	1.50
c) Other services			
Medication	In accordance with the USB tariff calculation		
Materials	Purchase price plus surcharge of 10%		

^{a)} Patients who are paying themselves without tariff protection and foreign patients outside bilateral agreements

4.3 Outpatient treatment flat rates

Tax point values in CHF	KV	UV/IV/MV	People who pay themselves ^{a)}
d) Tax point values for medical services			
Outpatient flat rates according to the outpatient tariff system, valid from January 1, 2026	Prov. 0.91	Prov. 1.00	1.50

^{a)} Patients who are paying themselves without tariff protection and foreign patients outside bilateral agreements

5. Additional services

5.1 Changing room type: Supplement per night

Insurance situation	Room type	Price
General insurance	Single room	CHF 800
General insurance	Double room	CHF 580
Semi-private insurance	Single room	CHF 220

The change to a higher room type is only possible if there is free bed capacity and cannot be guaranteed. Semi-private and private patients take priority in case of room shortages.

5.2 Family room in the obstetrics department

Insurance situation	Price of a family room
General insurance	CHF 500
Semi-private insurance	CHF 400
Private insurance	CHF 100

5.3 Non-compulsory services

Second opinion	General	CHF 800
	Tumour Centre	CHF 2,000
Other flat rates for services not covered by compulsory health insurance (non-compulsory services)		According to costs

Non-compulsory services are always invoiced to the patient.

The list is not exhaustive.

5.4 Missed appointments

The patient will be charged for unexcused missed appointments (consultations or treatments).

Missed appointment	Price
Unexcused missed outpatient appointments/consultations	CHF 50
Unexcused missed outpatient interventions	CHF 200
Consultation with interpreter (cancellation less than 24 hours before appointment)	CHF 200
Non-appearance at a scheduled outpatient, day-care or inpatient operation/treatment	CHF 1,000
Cancellation less than 48 hours before a scheduled outpatient, day-care or inpatient operation/treatment	CHF 1,000

5.5 Accompanying persons

Accompanying persons are defined as persons who wish to accompany patients (voluntarily) or must accompany them (care at home cannot be ensured).

Accompanying persons are charged a nightly fee and visitor services, such as meals.

Accompanying person	Price, excl. VAT
Overnight stay without meals	
in a folding bed	CHF 28
in a hospital bed	CHF 141
Meals	
Breakfast (standard)	CHF 16
Lunch	CHF 26
Dinner	CHF 26

Annex 1 – Personal services

The services listed below must be paid for by the patient themselves:

- a) Personal needs of the insured person;
- b) Expenses in the event of death;
- c) Costs for damage to property;
- d) Accommodation for persons accompanying the insured person and related expenses for the escort;
- e) Bed reservation and safekeeping of securities during holidays and discharge attempts;
- f) Holiday and vacation days;
- g) Costs for specialist doctors and medical staff who are consulted without medical necessity and only at the request of the insured person;
- h) Costs for medical treatment carried out during the stay in hospital in external clinics and institutes, which is not connected with the stay and has been arranged solely at the request of the insured person;
- i) Non-compulsory services;
- j) Primary transportation and any ambulance transportation;
- k) Use of services at the International Service of the USB;
- l) Overnight stay for accompanying person

The list is not exhaustive.

Annex 2 – List of abbreviations

Abbreviation	Description
Art.	Article
Para.	Paragraph
CW	Cost weight; cost weight of a flat rate per case
IV	Disability insurance
IVG	Disability Insurance Act
KV	Health insurance
KVG	Health Insurance Act
MTK	Medical Tariff Commission (responsible for tariff negotiations for accident, disability and military insurance)
MV	Military insurance
MVG	Military Insurance Act
OKP	Compulsory health insurance
OR	(Swiss) Code of Obligations
SSO	Swiss Dental Association
TP	Tax point
UV	Accident insurance
UVG	Accident Insurance Act
SwissDRG	Swiss Diagnosis Related Groups. Uniform tariff system throughout Switzerland for the remuneration of inpatient acute-care hospital services according to flat rates per case
Base rate	Base price in CHF, by which the cost weight of a flat rate per case is multiplied.
Tardoc	Tariff structure for billing outpatient medical services (part of individual service tariff)
Outpatient flat rates	Tariff structure for billing outpatient medical services (flat rate)
outpatient total tariff system	The overall tariff system for outpatient medical services consists of outpatient flat rates and TARDOC.
Tax point values	Price in CHF by which the outpatient tax points for a service/flat rate are multiplied.
VAT	Value added tax

Version 2.0/22.04.2026; This list replaces the price list valid from January 1st, 2026