

Patient Contact Details	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)
Surname:	Home address:				
First name:					
Date of birth:					
Home telephone:	Mobile telephone:				
Email address:	Work telephone:				

Who is responsible for payment of your fees?		
<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Self-Paying	<input type="checkbox"/> Other (please provide details below)
Insurance Company Details: (must be completed for insured patients)		
Name of insurer:		
Policy number:		
Pre-authorisation code:		

Payment Terms & Conditions
Our contract for medical services provision is with you .
<ul style="list-style-type: none"> The costs of investigations / tests (blood tests, x-rays, scans etc) and inpatient admissions can be very expensive and are often much greater than the cost of a consultation. The costs of investigations / tests and inpatient admissions are SEPARATE AND IN ADDITION TO any consultation fees. Enquiries about such costs should be made directly to the relevant providers (e.g. hospital, other Lab.) as these are responsible for billing you or your insurance company. Please ensure that all your medical costs including consultations, investigations (e.g. scans or blood tests) and any inpatient admissions will be covered before proceeding further. If you have insurance cover, you should carefully check with your insurer exactly what your policy covers BEFORE proceeding. It is YOUR responsibility to inform your insurance company of all consultations, tests, and admissions. Please give your pre-authorisation number to the Consultant at each visit. If the full fee is not received from your insurance company, you will be responsible for any / all outstanding payment(s). A 15% administrative charge will be applied unless payment is settled within 30 days of the invoice date. Appointments cancelled with less than 24 hours notice will be charged at the full cost of the consultation For non-UK residents, payment is required in advance of the consultation

Agreement
Please sign below to acknowledge you fully understand and agree to all the terms herein
Print name:
Signature:
Date: