

Fees for non-NHS services to patients of Ballyclare Group Practice

Effective from 1st July 2012

LETTERS, CERTIFICATES AND FORMS

- Standardised letter (e.g. private sick note, VAT exemption, medication, bin collection, freedom from infection, travel, letter for exams etc) £15.00
- Private health claim form £30.00
- Travel insurance claim form £30.00
- Customised/detailed sick note/medical opinion £30.00

MEDICAL EXAMINATIONS AND REPORTS

- Countersigned simple self report e.g. childminder form £15.00
- Countersigned detailed self report (e.g. PSNI application) £30.00
- Short extract from records and **no** examination £30.00
- Detailed extract from records and **no** examination £60.00
- Detailed extract from records and short examination e.g. HGV, PSV £90.00
- Limited sports medical examination £30.00
- Detailed sports medical examination £60.00 to £90.00 dependent on detail.
- Comprehensive examination and report £200.00
- Private consultation (non reciprocal health care) £60.00/ ten minutes.

Non – NHS Services

There are a range of activities performed by the practice, which are not NHS services. The practice is, therefore, not required to provide them but does so for the convenience of its patients. We apply charges for these activities to cover the costs of GP time, expertise, administration, etc.

The fees for these services are displayed in the practice and are attached to this form. Practice staff will advise the patient that a fee is payable and it is then for the patient to decide whether or not to proceed with their request.

Standard service: The practice aims to complete the request submitted within 10 working days.

Urgent service: If the patient requires the request to be completed in a shorter timeframe, then **double** the standard fee will be payable. The practice will aim to complete the request within 2 working days.

Where possible the patient's "usual" GP will complete the request but this may not be possible in every instance.

This form must be completed fully by the patient and practice staff.

Name of patient: _____ Emis No: _____
 Address: _____ Contact No: _____
 Usual GP
 (or registered GP) _____

Date and time request received – Date: _____ Time: _____

Advised that a fee is liable? Y/N

Timescale required: **Standard** – within 10 working days
 Urgent – within 2 working days

Provisional fee as discussed with Practice Staff: _____

Please note that the patient will be contacted as soon as possible if there is a change to the provisional fee agreed here. This will follow the GPs assessment of the request.

I have been advised that a fee is payable according to the schedule of fees supplied and confirm my acceptance that this service will not be provided until payment has been made on completion of the same.

Patient signature: _____

Staff signature: _____