

## **Terms of business**

Thank you for choosing to see me for your outpatient consultation. This document sets out some important information which I am required by law to provide to you. This is for your information only and is not a bill. As it includes information about my charges, if you do not have private medical insurance but someone else will be paying your bill, you may wish to pass a copy of this document to them.

Please note that even if someone else is paying your bill or you have private medical insurance, you are responsible for paying any charges which they do not pay.

### **Contacting me**

My secretary can be contacted by telephone on +44 (0)7472 452554 or by email at [charlotte.mallett@bmichoice.co.uk](mailto:charlotte.mallett@bmichoice.co.uk) . Please note that phone calls and emails will usually only be answered during normal business hours (9am - 5pm Mon-Fri). If you are enquiring about a clinic booking, please use the corresponding clinic details which can be found on my website.

### **Consultation Fee**

My fee for an initial consultation will not exceed £300 + VAT. My fee for any follow-up consultation will not exceed £175 + VAT. Extra letters requested outside consultation are charged at a fee of £50 + VAT.

These estimates are correct as at the date of this letter and may be less depending on which hospital you are seen at. Please contact my secretary if you require further information.

For self-funding patients, please note that I require the consultation fee to be settled before attending the appointment, which is non-refundable if you fail to attend or cancel with less than 24 hours' notice. Please contact my secretary to arrange payment via BACS or card payment.

**For both self-funding and insured patients, should you cancel your appointment with less than 24 hours' notice or fail to attend, the full fee applicable will be payable.**

Following your consultation, you may need certain tests (such as blood tests or imaging, for example an x-ray, MRI or CT scan) to help me diagnose your condition. If the test is undertaken by the hospital, and not by me, the fees for those tests will be determined by the clinic or hospital and charged to you, or your private medical insurer, separately.

If there are any fees which I will charge in relation to any of the tests I advise that you have, I will let you know what those will be. You are responsible for your fees, which may or may not be fully covered by your private medical insurer.

Your invoices are processed on my behalf by my secretary. Your personal data will not be shared with any third parties unless there is a legitimate interest in doing so.

**You are responsible for settlement of any professional fees relating to your treatment. Default on payment will result in your data being shared with a debt collection agency to obtain payment. Please note any fees incurred by the debt collection agency will be the patient's liability.**

### **Private Medical Insurance**

If you have private medical insurance, please contact your insurer before your consultation to check the terms of your policy, particularly the level and type of outpatient cover you have, including any reimbursement limits on individual consultation.

### **Financial Interests**

I am legally obliged to inform you if I have any financial interest in the hospital where you are seen. I have no financial interest in Spire Healthcare or Nuffield Health, but I do in OneWelbeck.

### **Data protection**

Whilst you are under our care it is our obligation to protect your data and we take every step possible to make sure your data is secure at all times. Due to data protection legislation, any sensitive personal information, including letters and results, must be sent encrypted. In the past we have found the transmission of data using encryption software can delay the receipt of information. If you are happy for your GP, insurer or other relevant third parties to receive un-encrypted emails from us regarding your medical care please email my secretary stating "NO ENCRYPT" so that I can record your consent on file.

Should you require sight of my Privacy Notice, please do not hesitate to contact my secretary. If you have not done so already and if you are not the patient, please provide me with written consent from the patient detailing that you have:

- Permission to liaise on their behalf; and
- Permission to view and hold written and/or verbal correspondence regarding their medical care.

This information can be emailed to me. I look forward to receiving this from you in order that we can get an appointment secured.

### **Quality Information**

You can compare independent information about the quality of private treatment offer at the hospital and other private health care providers from the Private Healthcare Information Network (PHIN) website: [www.phin.org.uk](http://www.phin.org.uk)

**Please initial one copy of this letter to confirm that you understand and accept these terms and kindly return to me either before or when we meet.**