

Patient Number
(For hospital use only)

Please complete this form in BLOCK CAPITALS, in black ink and/or modify any incorrect information. You can complete this form electronically by completing the highlighted boxes.

1 PATIENT DETAILS

Surname:

Address:

Forenames:

Title: (e.g. Mr, Mrs, Ms, Dr, etc)

Sex:
M / F

Date of birth: (DD/MM/YY)

Postcode:

Country of residence:

Home Tel No:

NHS number: (if known)

Mobile Tel No:

Ethnic Origin

Work Tel No:

White

A. British B. Irish C. Any other white background

Preferred Contact Tel. No:

Home

Mobile

Work

Mixed

D. White & Black Caribbean E. White & Black African

Email:

F. White & Asian G. Any Other Asian background

GP name:

Asian or Asian British

H. Indian I. Pakistani K. Bangladeshi

GP practice name:

L. Any other Asian background

GP address:

Black or Black British

M. Caribbean N. African P. Any other black background

Other ethnic groups

R. Chinese S. Any other ethnic groups

Not stated

Z. Not Stated

Postcode:

2 PLEASE INDICATE HOW YOU WILL SETTLE YOUR ACCOUNT

(Please tick appropriate box)

Medical Insurance

Cash / Credit Card / Debit Card

NHS

Other (please indicate)

3 FINANCIAL AGREEMENT AND CONSENT (UNDER THE DATA PROTECTION ACT 1998)

- I agree to pay for any and all services provided by Nuffield Health in accordance with Nuffield Health terms of business set out overleaf ("Services"). I also agree to pay for any and all personal expenses, including, for example, newspapers, guests' food and beverages or telephone calls in full ("Expenses").
- If a third party or insurer has agreed to pay my account or part of my account, I agree to pay any balance outstanding if the third party or insurer does not pay the account in whole or in part. **Insured patients only:** I DECLARE THAT my/the patient's general practitioner recommended the specialist treatment and that to the best of my knowledge I believe the information given on this form is true and complete. I authorise the hospital to submit claims relating to my/the patient's treatment to my/the patient's insurer on my/the patient's behalf. **NHS patients only:** I agree to pay for any personal expenses e.g. newspapers, guests' food and beverages or telephone calls, in full.
- I understand the nature and consequence of my personal data being processed as set out in the Nuffield Health Privacy Statement, referenced overleaf, in relation to my treatment or care.
- I consent to the disclosure of my patient information in accordance with the Privacy Statement overleaf
- Nuffield Health reserves the right to assign to a third party any outstanding debts or accounts due to Nuffield Health for the purpose of recovery of the same by that third party.

Signature: Patient (or Representative)

Date:

From time to time Nuffield Health would like to keep you informed of Nuffield Health services that may be of interest to you, please tick this box if you would not like to receive these updates.

Registered Office: Nuffield Health, Epsom Gateway, Ashley Avenue, Epsom, Surrey, KT18 5AL
A Registered Charity Number: 205533 (England & Wales), a Charity Registered in Scotland Number: SC041793
and a Company Limited by Guarantee Registered in England Number 576970

NUFFIELD HEALTH PRIVACY STATEMENT

Confidentiality: The confidentiality of patient information is of paramount concern to Nuffield Health. To this end, Nuffield Health complies with Data Protection Act 1998 and clinical confidentiality guidelines. Details of processing undertaken are provided in the Nuffield Health Privacy Statement which can be found at <http://www.nuffieldhealth.com/nuffield-health-privacy-policy>.

Clinical Information: Clinical information will be kept confidential and secure. It will only be disclosed to, and received from, those involved with your treatment or care or to their agents and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents (e.g. where payment is being met by NHS, Insurers etc.). Such people or organisations may wish to send details of your treatment or expenses to companies outside of the European Economic Area for processing.

Research: Nuffield Health participates in national audits and initiatives to help ensure that patients are getting the best possible outcomes from their treatment and care. Nuffield Health will use your personal data in order to monitor the outcome of your treatment by us and any treatment associated with your care, including any NHS treatment. The highest standards of confidentiality will be applied to your personal data in accordance with data protection law and confidentiality. Any publishing of this data will be in anonymised statistical form. Anonymous or aggregated data may be used by Nuffield Health, or disclosed to others, for research or statistical purposes and registered with such bodies.

Access to Non-Clinical Information: Access to non-clinical information may be granted by Nuffield Health to others on a strictly confidential basis in the course of, and for the purpose of, the efficient administration of Nuffield Health (for example, in connection with audit, systems development, managing or improving our services).

Support Services: In the usual course of our business, we may use third party organisations to support the essential delivery of our IT services. Some IT service providers may host data in servers located outside of the EEA, when using cloud-based solutions. Where this is the case we have implemented appropriate security to protect the personal information disclosed to us from loss, misuse, unauthorised access, disclosure, alteration and destruction.

By signing this agreement you accept the terms of the Nuffield Health Privacy Statement.

TERMS OF ADMINISTRATION FOR IN, DAY AND OUT PATIENTS

1. Nuffield Health is registered to provide healthcare services and works with independent medical practitioners to deliver these services.
2. All consultants are self-employed independent practitioners, and remain responsible for their acts or omissions. Consultants are granted practising privileges by Nuffield Health to provide services at the hospital. Nuffield Health requires all Consultants to comply with its practising privileges policy. This includes maintaining appropriate medical indemnity/insurance cover in connection with the treatment of insured and paying for yourself patients. For treatment provided to NHS patients, Nuffield Health is a member of CNST, the risk pooling scheme operated by the NHS Litigation Authority.
3. Fees for services provided by consultants with practising privileges are additional to charges made by Nuffield Health unless they are covered by the terms agreed for paying for yourself patients or you are admitted through the NHS.
4. Personal expenses e.g. newspapers, guests' food and beverages or telephone calls, will be charged for and bills must be settled before leaving the hospital.
5. Please do not bring valuable items into the hospital. Nuffield Health will not accept liability for any loss or damage to any personal items or valuables.
6. Nuffield Health has in place a complaints and an access to personal data procedure, details of which can be obtained from the hospital reception or found in the Patients' Guide.

TERMS AND GUIDE TO PRICES

1. Personal Expenses

Expenses will be charged for separately, and must be paid on or before leaving the hospital. Any balance outstanding will be subject to paragraph 2 below. If a third party or insurer has agreed to pay your account, any balance outstanding if the third party or insurer does not pay the account in full must be paid by you in accordance with paragraph 2 below.

2. Payment Terms

If a third party or insurer has agreed to pay your account or part of your account, any balance outstanding if the third party or insurer does not pay the account in whole or in part will be your responsibility and must be paid by you in accordance with this paragraph.

Nuffield Health requires all patients to provide valid credit/debit card details prior to patient appointment/admission which will be used to collect any outstanding unspecified amounts in respect of:

- Services where the hospital does not deal directly with the patient's insurer.
- Services, charges, related expenses and any policy excess not covered, in whole or part, by the patient's insurance company, or in the case of patients paying for their own treatment, services charges and expenses not covered by the terms agreed for their treatment, or the NHS.
- Consultants' professional fees (where applicable).

3.1. Insured Patients

3.1.1. Direct Settlement by Insurance Companies

YOU SHOULD CHECK WITH YOUR INSURER THAT YOU HAVE ADEQUATE COVER. We will try to help you do this, but only your insurer can confirm that your cover is adequate. The credit/debit card details supplied to Nuffield Health pursuant to paragraph 2 will be used for any shortfall and/or outstanding balances as explained in paragraph 2. If your insurance company operates a direct settlement scheme, Nuffield Health will send your account and claim form to the insurance company for payment on your behalf. So that we can do this, you will need to obtain pre-authorisation in advance for tests and treatment that you are to receive. You will also need to provide us with a completed and signed claim form before you are discharged from the hospital. If your insurance company does not pay the account in full within 30 days from the date you were discharged, any outstanding balances will be notified to you by letter. You will have 10 days from the date of our letter to query this outstanding payment before your credit/debit card is debited with the outstanding balance. A receipt will be provided on request.

3.1.2. No Direct Settlement Scheme

If your insurance company does not operate a direct settlement scheme, or if you are unable to provide us with a completed and signed claim form, you must pay your account in full 7 working days (or 10 working days, if paying by personal cheque to allow for clearance) before treatment, if coming into hospital as an inpatient, or on the day of your patient appointment/test/treatment, if an outpatient. The credit/debit card details supplied to Nuffield Health pursuant to paragraph 2 will be used for any outstanding balances.

4. Payment by Third Parties excluding Solicitor Requested Work

If your company, employer or other third party (except for NHS funded patients), agrees to pay your account, a letter of authority must be produced when you are admitted to the hospital. The letter will need to confirm that your account will be paid in full within 21 days from the date you are discharged from hospital. Should the company, employer or other third party (except for NHS funded patients) not pay the account in full within 21 days from the date you were discharged, outstanding balances will be notified to you by letter. You will have 10 days from the date of our letter to query this outstanding payment before your credit/debit card is debited. The credit/debit card details supplied to Nuffield Health pursuant to paragraph 2 will be used for any outstanding balances.

5. NHS Patients

Personal expenses e.g. newspapers, guests' food and beverages or telephone calls must be paid in full on the day of your discharge from hospital. The credit/debit card details supplied to Nuffield Health pursuant to paragraph 2 will be used only for such outstanding balances.

Please Note: We accept most major credit and debit cards. Unless otherwise agreed Nuffield Health reserves the right to vary charges without prior notice.