**BIRCHWOOD MEDICAL PRACTICE**

**NON-NHS SERVICES – PRIVATE WORK FEES**

The fees listed below apply to services provided by a GP that are not covered by the NHS. Certain services fall outside our NHS contract and therefore incur charges. These fees are based on the British Medical Association (BMA) suggested scales.

**We DO NOT provide the following services:**

* Passport or photo card licence applications
* We do not offer opinions. For example, Fitness to fly, Fitness for sports ect.
* Proof of identity or address
* Firearms licences
* Power of Attorney

There are some reports which must be requested by the organisation directly, we do not accept requests for the following from a patient: PIP, ESA.

|  |  |  |
| --- | --- | --- |
| **PRIVATE FEE-PAYING WORK** | **PRICE** | **PLEASE TICK** |
| Private Sick Note | £30 |  |
| Private Prescription | £20 |  |
| To Whom it May Concern/ Statement of Fact Letter | £30\* |  |
| Travel Card/ Bus Pass Application Forms | £25 |  |
| Medical Report with Full Examination | £140 |  |
| Medical Report, No Examination | £110 |  |
| DVLA Report with Full Examination | £140 |  |
| DVLA Report, No Examination | £110 |  |
| Adoption and Fostering Report with Examination | £160 |  |
| Adoption and Fostering Report, No Examination | £110 |  |
| Military Medical/ Report | £75 |  |

\*Minimum Fee, final fee depends on time taken to complete the nonstandard paperwork

Please tick which service you require. Please attach all paperwork or a written letter stating what information you require. Please note all requests which do not require an examination is expected to be completed within 1 calendar month. Fees must be paid in advance in exact cash and refunds will not be given if the work has already been completed. Private work is at the GP’s discretion. The Practice will contact you when the request is ready to collect.

**BIRCHWOOD MEDICAL PRACTICE**

**NON-NHS SERVICES – PRIVATE WORK FEES**

|  |  |
| --- | --- |
| **Full Name**  |  |
| **Address** |  |
| **Telephone** |  |
| **Date of Birth** |  |
| **Fee Paid** |  |

**Signature:………………………………… Date…………………………………………..**

|  |
| --- |
| **Please provide additional information to support your request.** |

**OFFICE USE ONLY**

Payment Received: …………………………………………………..

Payment Amount: …………………………………………………….

Payment Given to: ……………………………………………………

Signature of Receptionist: ……………………………………………

Date Given to Secretaries: …………………………………………..