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| --- |
| **Patient Request – Non NHS Service**  **Letter / Form completion** |
| The NHS provides most healthcare free of charge, however some services are not covered under the NHS and so we need to charge a fee for these in order to cover the clinical and admin time required for this work. Time spent completing forms and preparing reports takes the GP away from the medical care of patients. GPs have a heavy NHS workload and this paperwork can only be completed during allocated times.  Our fees are based on the British Medical Association recommendations.  **The fee will need to be paid in full by BACS only, before it is passed to the GP for completion. Please allow 28 working days for the request to be completed.** When a GP signs a certificate or completes a report/letter, it is a condition of remaining on the Medical Register that they only sign what they know to be true. In order to complete even the simplest of forms, therefore, the GP might have to check the patient’s entire medical record. Carelessness or an inaccurate report can have serious consequences for the GP.  The secretarial team will call you when the GP has completed your request. Please make sure that we have your correct contact details. |

***Please ensure you complete all boxes before handing the form back to the administration team.***

|  |  |
| --- | --- |
| **Patient Details** | |
| **Patients Full Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone Number** | **Home:**  **Mobile:** |
| **Person Requesting Information** | |
| **Requester full Name :** | |
| **Address :** | |
| **Postcode** | |
| **Telephone Number** | **Home:**  **Mobile:** |
| **Relationship to Patient** |  |
| **Information Required** | |
| **Letter** **Form** **tick applicable option** | |
| **Recipient – Name :** | |
| **Name of Organisation – if applicable :** | |
| **Address of recipient / organisation :** | |
| **Purpose of the Letter** |  |
| **Relevant information to be included :** | |
| **Signature Patient** | **Date** |
| **Signature Requester** | **Date** |

**For office use only**

|  |  |
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| **BACS Payment Received: £**  **Date received:** | **Received by – staff name** |

|  |  |  |
| --- | --- | --- |
|  |  | **Rushall Medical Centre** |
|  | **Tel : 01922 622212 Email: clinicalinfo.m91019@nhs.net** |
|  | **107 Lichfield Road, Rushall, Walsall, WS4 1HB**  **Pelsall Village Centre, High Street, Pelsall, Walsall, WS3 4LX** |

**Private Fees**

**2023**

**Please note that a charge is made in ALL cases, where requests are made for the following**

|  |  |
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| **LETTERS WITHOUT EXAMINATION** | |
| **Letter of Fact** | **£30.00** |
| **Private Sick Note** | **£30.00** |
| **Vaccination Certificates** | **£30.00** |
| **Holiday Cancellation forms** | **Minimum £30.00 depending on complexity** |
| **Fit to Travel (Single condition only)** | **£30.00** |
| **Fit to Travel (multiple conditions)** | **£50.00** |
| **Freedom of Infection Certificate** | **£30.00** |
| **Benefits Agency Letter (Simple)** | **£30.00** |
| **Benefits Agency Letter (Complex)** | **£50.00** |
| **Blue Badge Letter** | **£30.00** |
| **DNA Testing & Form** | **£50.00** |
| **Duplicate of any previous correspondence** | **£20.00** |
| **Medical Waste Declaration Form** | **£30.00** |
| **REPORTS/EXAMINATIONS** | |
| **Insurance Reports (No examination GPR)** | **£125.00** |
| **Insurance Report (No examination – Targeted)** | **£65.00** |
| **Private Medical Insurance Form** | **Minimum £40.00 depending on complexity** |
| **Clinical Trials Report** | **£65.00** |
| **Holiday Cancellation Examination and Report** | **£125.00** |
| **Sickness/Accident Claim Form (without examination)** | **£125.00** |
| **Sickness/Accident Claim Form (with examination)** | **£175.00** |
| **Employers Report and Opinion (no examination)** | **£125.00** |
| **Employers Report and Opinion (with examination)** | **£175.00** |
| **Childminder Report / OFSTED (without examination)/per person** | **£125.00** |
| **Childminder Report / OFSTED (with examination)/per person** | **£175.00** |
| **Fostering/Adoption Medical – AH Form** | **£73.86** |
| **Fostering/Adoption Medical – AH2 Form** | **£24.36** |
| **Power of Attorney Examination & Certificate** | **£110.00** |
| **Power of Attorney – Witnessing Signing of Form**  **(Health & Wellbeing ONLY)** | **£60.00** |
| **Letter to Solicitors providing medical information to assist with legal proceedings (Report and Opinion, no medical)** | **£65.00** |
| **MEDICAL EXAMINATIONS** | |
| **Private Patient Consultation (with no prescription)** | **£75.00** |
| **Medicals for Third Parties** | **£97.50** |
| **HGV, PSV, Taxi Drive Examination (paid by patient/employer)** | **£150.00** |
| **DVLA – VOC GP Certificate** | **£12.50** |
| **DVLA – Series 2** | **£40.00** |
| **DVLA – GP Examination** | **£85.00** |

**Payments for all letters and reports must be paid for by BACS.**

**Account Name: Rushall Medical Centre**

**Account Number: 73185192**

**Sort code: 20 97 90**