

Please complete below and read terms overleaf before signing

Full Name:	Title:	First Name:	Other Names / Initials:	Family Name:
	DOB:	Gender:	PID:	
Permanent Address:	Address 1		Temporary Address	
	Address 2			
	Town / City			
	Postcode:			
	Country			
E-Mail:				
Phone:				

HOW DID YOU HEAR ABOUT US?

NHS GP	<input type="checkbox"/>	Private GP	<input type="checkbox"/>
NHS Consultant	<input type="checkbox"/>	Private Consultant	<input type="checkbox"/>
Self-referral (Internet)	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>
		Recommended by a friend/colleague	<input type="checkbox"/>
		

PAYMENT DETAILS

Please provide details below of your sponsor or insurer including reference and authorisation numbers. Your insurer requires this information.

Method of Payment: Self-Funding <input type="checkbox"/>	Approved Insurance Company <input type="checkbox"/>	Approved Sponsor <input type="checkbox"/>	(See summary of terms overleaf)
Insurance company/sponsor:	Authorisation / Claim No:		
	Policy No:		

NOMINATED CONTACT OR PERSON WITH PARENTAL RESPONSIBILITY (CHILDREN UNDER 16 YEARS) *Documentary proof may be required

Full Name:	Title:	Relationship to Patient:
Home Address:		
Phone:	Mobile	Other:
Email:		

REFERRING CONSULTANT / GP DETAILS. If you have additional GPs / Consultants involved in your care who you would like copied into your reports please fill the "Consultant / GP Correspondence Form" available at reception. If self referred please leave blank.

Name:			
Address:			
	Phone:	Email:	

READ AND SIGN OVERLEAF

SUMMARY OF TERMS OF BUSINESS

London Medical	London Medical is the trading name of Metabolic Services Ltd, in which some of the practitioners have a financial interest. The interest will not influence clinical decisions affecting your care. Metabolic Services Ltd is a company registered in England and Wales under the company number 01837551 whose registered office is 49 Marylebone High Street London W1U 5HJ.
Your Care	A patient is under the care and control of his or her physician who may also involve other physicians in treatment if appropriate. London Medical staff provide care and treatment under the doctor's instructions. Your physician is not usually an employee of this company. Depending on the physician we will either invoice you on their behalf, or they will invoice you separately for their services. Your physician is responsible for arranging your consent for specific medical or surgical treatment if it is required.
Your Liability	The patient is liable for all personal expenses and any charges not settled by an insurer or sponsor. If there are delays in settlement, there may be penalties, for example the charging of interest or the revoking of discounts, for which the patient will be liable.
Insured Patients	The clinic will process insurance claims directly with Approved Insurers on the patient's behalf if the patient has provided claims details and a signed Assignment of Benefits statement. It is the patient's responsibility to verify with their insurer that the condition to be treated is covered by their insurance. The clinic is not responsible for this verification. Insufficient documentation will prevent direct settlements and may result in the account being billed to the patient. Any shortfalls in benefit are the patient's responsibility. For the avoidance of doubt, an insured patient is liable for care and treatment he or she receives under the instruction of his or her physician. Should the patient's insurer determine that such care and treatment is not medically necessary for the purposes of the patient's insurance policy, the patient agrees that he or she will be liable for the portion of the charges that are not settled.
Sponsored Patients	We accept direct settlement arrangements only with third parties with whom we have an agreement. If such an agreement is not in place, the patient will be asked to settle the account with us and seek to recover the sum from the sponsor. Where an agreement is in place we must have a letter of guarantee specific to this treatment.
Self-funding	We require payment in full at time of treatment.
Billing and Collections	Where a self-funding patient does not pay on the day, or a patient liability arises on an Approved Insurance Company, or Sponsored patient, this will be processed by our billing partner Medical Billing & Collections (https://www.medbc.co.uk/). In these cases payment is due within 14 days of invoice date. If all or part of an invoice remain unpaid within 14 days of the invoice date, at the clinic's discretion interest can be charged at 4% per annum above the Bank of England base rate. Furthermore following a final demand, if payment remains outstanding then the invoice may be referred to a collection agent to recover debt as they see fit and include further collection charges and fees.
Cancellation Policy	If a patient fails to attend an appointment without providing notification of at least 48 hours, at the clinic's discretion a cancellation fee of £75 or £150 if cancellation is within 24 hours of your appointment. Please note that cancellation fees will not be paid by the patients insurance company, or sponsor and thus the patient will be individually liable for these.
Valuables	The clinic does not accept any responsibility whatsoever for the loss of any cash or valuables belonging to the patients or visitors.

DATA PROTECTION NOTICE

London Medical likes to keep their patients informed on the latest advice and updates in healthcare and how the services we offer can support you. London Medical communicates these updates to you by electronic newsletter;

Yes, I would like to receive the London Medical monthly newsletter

No, I would not like to receive the London Medical monthly newsletter

London Medical also host events for patients to attend and find out information regarding their healthcare. We can contact you in several different ways;

Yes, I would like to receive future event notifications by email only;

Yes, I would like to receive future event notifications by SMS only;

Yes, I would like to receive future event notifications by post only;

No, I do not want to receive future events notifications by any means.

Your right to withdraw your consent:

All London Medical communications will contain an 'unsubscribe' link should you wish to change your mind at any time. To withdraw your consent to SMS communications email info@londonmedical.co.uk with the subject line 'Unsubscribe'

I have read and understood all of the above:	Signature:	Print:	Date:
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AGREEMENT

I confirm that I have read, understood and accept the terms and conditions printed above (or alternatively had these explained to me). I understand that I am ultimately responsible for payment of my account should any third party sponsor or insurer not pay the account in full. I undertake to settle all personal expenses at the time of my departure or upon request.

Insured patients: I authorise the clinic to submit claims relating to my treatment to my insurer on my behalf. I give explicit consent, within the meaning of the Data Protection Act 1998, for my/the patient's personal information to be processed with respect to this treatment.

I understand that there will be separate consent forms relating to my treatment.

Patient / Representative /Guarantor (Please indicate which)	Signature:	Print:	Date:
Reception team (Received)	Signature:	Print:	Date:

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Reception team (Received)	Signature:	Print:	Date:		