

## Non-NHS Service Request Form

The NHS funds the Practice to provide medical care for patients within defined boundaries. Medical documentation is not covered by the NHS, except for a few specific items, such as sick notes for Social Security or Statutory Sick pay purposes. If you require a non-NHS service, the amount which the Practice charges will be influenced mainly by the amount of work involved in satisfying the request. If items cannot be arranged within the Health Centre – e.g. tests – then the organisation providing the service will need to be paid directly, not via the Practice. Before we start to provide a non-NHS service, we need to find out exactly what is required, in order to determine the cost, so we ask you to complete the details below and provide us with all relevant information. Payment must be made prior to any work being carried out. **Unfortunately, we are unable to accept payment by card. We apologise for any inconvenience this may cause.**

Turnaround time: Medical certificates/letter/reports/examination 28 days

### TO BE COMPLETED BY MEDICAL PRACTICE

|   |   |
|---|---|
| Service requested:- <input type="checkbox"/> Examination & form <input type="checkbox"/> Medical certificate <input type="checkbox"/> Letter/Report |   |
| <input type="checkbox"/> Patient to pay Amount: £<br>or <input type="checkbox"/> Outside organisation to be invoiced                                | <b>Please note, patients will be contacted by the administrator to arrange any appointments.</b><br>Date: Time: With:<br>Duration (mins): <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 |
| Taken by: LL SB SL LC JG LM AD BL SD ZA   |   |
| <input type="checkbox"/> Patient has now paid   | <input type="checkbox"/> Deposit taken <input type="checkbox"/> Cheque received   |

### TO BE COMPLETED BY PATIENT

Please provide details of your request, giving as much information as possible:

- I understand that my request will not be processed until payment has been received and delay in payment will result in my request being postponed. ☐
- I understand the charges quoted are a guideline as fees are based on the amount of work involved. If the cost is likely to be more than that quoted, we will contact you to gain your agreement before commencing any work.** ☐
- I have been made aware of the expected turnaround time for my request as noted above. ☐
- I understand that if I fail to attend an appointment which has been made to provide a non-NHS service, without giving at least 24 hours' notice, I will have to pay a further fee before matters can be taken any further. ☐ Yes ☐ N/A
- Please tick the box if you are happy to receive a text from the practice when the form is ready to collect from reception. ☐

### PLEASE USE CAPITALS THROUGHOUT INCLUDING YOUR EMAIL ADDRESS

|  |        |                      |  |
|--|--------|----------------------|--|
| Surname/family name:   |        | First/personal name: |  |
| Reading address:   |        | DOB:                 |  |
| Mobile phone:  | Email: |                      |  |
| Signed:<br><i>(Please note that by signing you are agreeing to the above Terms and Conditions)</i> |        | Date:                |  |

### To be completed at time of collection

I confirm that I have collected the above requested item on (date).....

Name:..... Signature:.....

ID seen (type)..... by (initials) .....