



Breakspear Hospital

PAYING FOR YOUR TREATMENT

Breakspear's Payment Policy

Most patients attending Breakspear Hospital are not funded through the National Health Service at initial visit, and are therefore responsible for the settlement of their own accounts. For those patients with private health insurance it is important to note that we do not have direct settlement agreements with the insurance companies. Our contract is with you, the patient, and we expect you to settle our accounts on receipt of invoice.

Your Consultation must be paid for on the day of your visit.

All of the hospital's charges will be carefully explained to you by our liaison staff and you will be given printed estimates before any fees are incurred.

The simplest way to settle your bill is to provide us with your credit/debit card details when you arrive for your appointment, you will then receive a detailed invoice soon after your visit, and your card will then be charged. Queries regarding any charges will be resolved with you forthwith. For patients attending for longer periods, we will raise invoices at regular intervals and charge accordingly.

If you do not provide us with your credit/debit card details you will be expected to pay your entire bill before you leave, and if attending for longer courses of treatment, 50% of the estimated cost must be paid in advance, the balance to be settled before you leave.

Your Payment Agreement

I hereby undertake to pay Breakspear Medical Group Ltd. for the consultations, clinical care, treatment, investigations, medicines, nutritional supplements, accommodation and materials provided in relation to my treatment as a private patient at Breakspear Hospital.

Full Name _____ **Date of birth** _____

Address _____

Address _____ **Post Code** _____

Phone Number _____ **Email** _____

Signature _____ **Date signed** _____

Credit Card Details:

Card no. _____

Valid from _____ Until end _____

Security number _____ Issue _____

(final 3 digits from signature strip)

(Switch/Maestro only)

Signature _____ **Date signed** _____

Your personal and credit /debit card details are held securely and in strict confidence by the Accounts Department.