



Paying For Your Treatment

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; your card will then be charged and you will receive a detailed invoice and card receipt soon after your visit. For patients attending for longer periods, we will raise invoices at regular intervals and charge accordingly. Queries regarding any charges will be resolved with you forthwith.

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 and the balance is 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.

Date of birth (dd/mm/yyyy) _____

Mr Miss Full Name _____
 Mrs Other _____

Address _____

Address _____

Post
Code _____

Phone
Number _____

Email _____

Mobile
Number _____

Signature _____

Date
signed _____

Credit Card Details

Card Type Visa Mastercard Debit Card (Note: we do not accept American Express)

Card number _____

Valid from (mm/yy) _____

Until end (mm/yy) _____

Security number _____

(final 3 digits from signature strip)

Issue _____

(Switch/Maestro only)

Signature _____

Date signed _____

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