Breakspear
Medical Group Ltd

Paying for your treatment

Most patients attending Breakspear Medical Group 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 (or in the case of a child with the parent/guardian), and we expect you to settle your account on receipt of invoice.

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

Our liaison staff will carefully explain all of our charges to you 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 swiftly.

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 you are attending for longer courses of treatment, 50% of the estimated cost must be paid in advance and the balance settled before you leave.

Your Payment Agreement

Patient Name _____ **Date of birth** _____

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/my child's treatment as a private patient at Breakspear Medical Group.

Date of birth (dd/mm/yy) _____

☐ Mr ☐ Miss
☐ Mrs ☐ Other ____ Full Name _____

Address _____

_____ Post code _____

Phone _____ Email _____

Mobile _____

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 _____ 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 our Accounts Department.

Breakspear Medical Group Ltd. Registered in England 2035350
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