

APPLICATION FOR A NON-NHS DOCTORS LETTER

You have requested that the surgery provides you with a private letter. To help you get the letter that you need we would be most grateful if you could complete the following application. If you have any difficulties completing this pack please advise reception who will assist you.

The provision of private letters is not covered on the NHS. It is private work, and just like private work from a solicitor or any other professional, there is a charge for this work.

From the day the surgery receives your application, it will take upto **28 days** to complete your letter ready for collection. If the application form is not completed fully, it may take longer. Our NHS work will always take priority. We are therefore unable to offer a more urgent private letter service. If your letter is required in response to a Court Order then we may be able to provide it sooner. If this is the case, please enclose a copy of the Court Order when you make your request.

An indication of charges can be found on the last page of this application. The surgery may be able to confirm the charge when you drop in your completed application but in most instances, the doctor must review the application before we can inform you what the charge will be.

You will need to pay for your letter before the doctor starts work on it.

If you are applying for a letter on behalf of another person, you need to enclose their written consent for us to disclose their medical information to you.

We will not send the letter directly to another organisation. We will ask you to collect the letter and send it to them yourself.

APPLICATION FOR A NON-NHS DOCTORS LETTER

Section 1 About you (the applicant asking for the letter)

Your Name:

Your Date of Birth:

Your Address:

Your Telephone Number:

**Is this letter about you, the person named above?
If Yes, proceed to Section 3. If No, please complete Section 2**

Section 2 If the letter is about somebody else

(there is no need to complete this section if the letter is about the person above)

Their Name:

Their Date of Birth:

Their Address:

Their Telephone Number:

To be completed by the person who the letter is about:

I consent to the surgery disclosing my medical information for the purposes of this letter/report.

I consent for the letter to be given to the person who has requested it.

Signed _____ Print Name _____ Date _____

Section 3 About the letter

Name of the person and/or organisation the letter is to:

Reference number (if applicable)

Please note the letter will usually be a 'To Whom It May Concern' letter. This means you can use the letter for the organisation named above but also in any other circumstances you may chose to use it for. You will be responsible for collecting the letter from the surgery and posting or delivering it yourself.

Please provide a brief summary of the information you would like included in the letter:

Please note. The doctor will review your medical records when completing this letter. **They will only be able to include factually accurate information that is already included in your medical records.** Unfortunately we cannot add information to the letter that is not in your medical records.

Section 4 Declaration

I understand that I am requesting the surgery provides me with a private letter.

I understand there will be a charge for this letter in accordance with the charges on the notice boards in the surgery and in this application pack.

I understand that I must pay for the letter in full in advance.

I understand that if I no longer require the letter the fee is non-refundable.

I understand it will take 28 days to complete this letter.

I hereby consent to the surgery disclosing my medical information for the purposes of this letter.

Signed _____

Date _____

For Reception Use (1)

Date application pack received _____

Application Pack **Fully** Completed

Patient has paid the £40 deposit

Passed to CAMP on Date _____

For Doctor Use Able to complete? YES/NO YES/NO

If NO please give reason here or document in Emis:

Total Fee to pay:

Balance outstanding:

For Reception Use (2)

Patient contacted? _____

Patient has paid the balance

UMBRELLA MEDICAL - INDICATIVE * NON-NHS FEES FROM 1st APRIL 2021

PLEASE NOTE THAT A CHARGE IS MADE IN ALL CASES
THE DOCTOR DOES NOT HAVE THE DISCRETION TO WAIVE THE CHARGE

Letters, Certificates and Reports (with no examination)

| | |
|--|--|
| Simple Medical Letter or Brief Report from Medical Records A letter or report that can fit on one page under the address and header. It can be used for any reason such as employer, school, university, 'To Whom It May Concern', etc | £40 |
| Complex Medical Letter or Brief Report from Medical Records As above but a more complex letter or report | £40 first page then £30 for each additional page |
| Simple Holiday Cancellation Form A form which has one or two sides to complete | £40-60 |
| Complex Holiday Cancellation Form As above but a longer or more complex form | £60-80 |
| Firearms Report for Police | £50 |
| Vaccination Certificate | £40 |
| Letter or Certificate for Travel | £40 |
| Seat Belt Exemption Certificate Only in very rare cases where clinically essential | £100 |
| Simple Insurance/Accident/Sickness Report Usually a report requested by employer/insurance company/solicitor, etc | £40-100 |
| Complex Insurance/Accident/Sickness Report As above but a more complex report | £120-200 |
| Industry Standard GPR | £140 e-mailed £150 posted |

Letters, Certificates and Reports (with examination)

| | |
|---|----------------|
| HGV/PCV/Taxi/Other Driving/Flying Medical and Report Not all types of medical can be completed in surgery. Please enquire for further details | £150 |
| Pre-Employment Medical and Report Such as summer camp, cruise ships etc | £100-150 |
| Other Report Where Examination Is Required | Ask in surgery |
| Other Report Where Examination And Investigation Is Required Such as ECG or blood test | Ask in surgery |
| Witness Power of Attorney | NOT DONE |
| Mental Capacity Assessment | NOT DONE |
| Countersign Passport | NOT DONE |

Private Work

| | |
|---|-----|
| Private Consultation Fee (per visit) | £75 |
| Private Sick Note | £30 |
| Private Prescription Not if registered with us as NHS patient. Cost of the drug is additional and charged by the pharmacy | £30 |

Vaccinations

| | |
|--|-------|
| Rabies (course of 3) | £250 |
| Hepatitis B (course of 3) Travel only. We do not provide Hepatitis B immunisation for occupational reasons | £200 |
| Japanese Encephalitis (private prescription) | £250+ |

* The list is not exhaustive and charges may be made for other services requested

Prices may vary depending on nature of the request

PAYMENT IS REQUIRED IN ADVANCE IN ALL CIRCUMSTANCES

ALL REQUESTS WILL BE PROCESSED WITHIN 28 DAYS