

PATIENT REGISTRATION FORM

Data Protection and Privacy Notice

At Phoenix Hospital Group we believe in being open and honest with our patients. For more information about what data we collect, how we process your data, and retention periods, please refer to our Privacy Policy on our website. Phoenix Hospital Group is the Data Controller and is registered with the Information Commission Office (ICO).

PATIENT DETAILS		PLEASE PRINT ALL DETAILS IN BLOCK CAPITAL	
Title: Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other	Date of Birth:/...../.....		
Forename (s)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Surname	Contact telephone number (s)		
Address			
.....	Contact e-mail (s)		
.....			
..... Postcode			
Country			

If self-referral, how did you hear about us? Social Media Google Word of mouth Other

GP / REFERRING CONSULTANT DETAILS		PLEASE PRINT ALL DETAILS IN BLOCK CAPITAL	
Name of GP / Referring Consultant	Contact Telephone Number		
.....			
Consultant Address	Contact E-mail		
.....			
If self-referring and/or by your request, do you wish us to send a copy of your report to your GP? Yes <input type="checkbox"/> No <input type="checkbox"/>			

PLEASE NOTE PATIENTS WILL BE ASKED FOR CREDIT CARD DETAILS AT RECEPTION FOR ANY METHOD OF PAYMENT SELECTED BELOW

METHOD OF PAYMENT		PLEASE PRINT ALL DETAILS IN BLOCK CAPITAL	
Has the Consultant that you are seeing today told you about their fees? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> I wish to pay privately	<input type="checkbox"/> I am covered by insurance	Membership / Policy No.	
Insurer name	Authorisation No.		
<i>(If covered by insurance, please ensure you provide all the correct information. Incorrect details may result in medical invoices being sent directly to you for payment. If there is an excess on your policy/claim, a letter will be sent to you to inform you of the excess and payment will be taken automatically from your credit card/debit card after 7 days from the date of the letter)</i>			
<hr/>			
<input type="checkbox"/> I am covered by a Sponsor / Guarantor (Please provide a letter of guarantee)			
Embassy / Company	Ref		

TERMS AND CONDITIONS

PAYMENTS

In consideration of Phoenix Hospital Group (PHG) accepting me for imaging/diagnostics, and outpatient care, I agree to pay all charges applicable at the time of treatment. I acknowledge that I remain liable for such payment, whether or not I have medical insurance or third party sponsorship in respect of some or all of the services provided and items supplied. If following care there is a shortfall or excess due to PHG, I accept that I will be invoiced for this sum and I hereby agree to pay this direct to PHG. I acknowledge that I have supplied PHG with my credit card details and that I fully accept that the card will be charged in the event that I do not pay the sum owing.

I acknowledge that the Consultant/Specialist is not an employee or agent of PHG and that, unless otherwise stated, he/she will invoice me separately for their services, which I am responsible to pay to him/her directly. On occasions our bill to you will include consultants' fees as part of the package. If this happens, we are acting as the consultants' agent only in collecting those fees: they remain an independent practitioner.

BILLING FREQUENTLY ASKED QUESTIONS:

Why do we ask for your credit/debit card details when you arrive?

We ask that all patients provide a credit/debit card to ensure that any outstanding charges are handled quickly and efficiently so that you will not have to worry about settling your bill at the end of your visit. This process is usual practice with private hospitals and clinics.

I have private medical insurance, why do you need my credit/debit card?

You should always contact your insurer to check that you are adequately covered. Some people find that they are not fully covered by their insurance policy. This is usually due to the policy having an excess or because certain investigations or treatments are not covered due to an annual limit. Please note that pharmacy items prescribed privately during out-patient visits, take home prescriptions or physiotherapy aids are not covered by most insurers, unless otherwise noted in your policy.

How much will I have to pay?

We will generally be able to inform you of these charges before you leave the clinic, and the card registered with us debited for this amount when you leave. Please note that this will not include your consultant's fee, which will need to be paid separately. A detailed invoice for any additional costs incurred will be sent to you shortly after your visit or at a later date if there is an insurance shortfall or an excess payment.

When will payment be taken?

Payment will be charged automatically to your credit or debit card on discharge. Any late/excess or additional charges to this will be processed and taken from your credit card and an invoice sent to you.

If you have a question or complaint regarding the charges made to your credit/debit card

Please contact our accounts department on (020) 3869 2148 or email accounts@phoenixhospitalgroup.com.

What happens if I do not have a credit/debit card?

You will be asked to pay any outstanding charges before you leave the clinic.

DECLARATION PLEASE PRINT ALL DETAILS IN BLOCK CAPITAL	
<input type="checkbox"/> I have read and agree to the terms and conditions (set out above) and can confirm that the information I have given is correct to the best of my knowledge.	
PATIENT	PARENT / GUARDIAN <i>(only applicable if patient is under 18 years of age)</i>
Name.....	Name.....
Signature.....	Signature.....
Date/...../.....	Date/...../.....