

APPLICATION FOR A NON-NHS DOCTORS LETTER

Section 1 About you (the applicant)

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: _____

Address of the person and/or organisation the letter is to: _____

Reference number (if applicable) _____

(Please note we can address the letter to the person you want us to but you are responsible for posting or delivering it to them 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.

Which doctor have you seen the most regarding this problem or would otherwise know the most about you to allow them to complete this letter?

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 understand that if I need the letter sooner, this is subject to availability and I will have to pay a 50% surcharge.

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

Signed _____ Date _____

For Reception Use (1)

Date Received _____ Application Pack **Fully** Completed

Paying 50% for urgent letter? Passed to Dr _____ on Date _____

For Doctor Use

Able to complete? YES/NO Able to complete in <28 days? YES/NO
If NO to either, please give reason: _____

Fee to pay (including 50% surcharge if urgent) _____

For Reception Use (2)

Patient contacted? _____ Fee paid in full? _____

UMBRELLA MEDICAL - INDICATIVE * NON-NHS FEES FROM NOV 2019

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	£35
Complex Medical Letter or Brief Report from Medical Records As above but a more complex letter or report	£35 first page then £25 for each additional page
Simple Holiday Cancellation Form A form which has one or two sides to complete	£35
Complex Holiday Cancellation Form As above but a longer or more complex form	£50
Firearms Report for Police	£50
Vaccination Certificate	£25
Letter or Certificate for Travel	£35
Freedom from Infection Certificate	£35
Seat Belt Exemption Certificate Only in very rare cases where clinically essential	£85
Simple Insurance/Accident/Sickness Report Usually a report requested by employer/insurance company/solicitor, etc	£60
Complex Insurance/Accident/Sickness Report As above but a more complex report	£120
Industry Standard GPR	£120 e-mailed £130 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	£130
Pre-Employment Medical and Report Such as summer camp, cruise ships etc	£130
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)	£50
Private Sick Note	£25
Private Prescription Not if registered with us as NHS patient. Cost of the drug is additional and charged by the pharmacy	£25

Vaccinations

Rabies (course of 3)	£225
Hepatitis B (course of 3) Travel only. We do not provide Hepatitis B immunisation for occupational reasons	£180
Japanese Encephalitis (private prescription)	£225+

* 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