

Patient Information

Personal Details

Title..... First Name..... Surname.....

Male Female DOB..... Tel No.....

Address.....

.....

Email address.....

I consent to receive confidential clinical correspondence via email: Yes No

How did you hear about Physio Science Healthcare?.....

Problem area.....

GP name and address.....

..... Consent to contact GP: Yes No

Health Insurance Provider

BUPA AXA PPP AVIVA Other please state.....

Membership no..... Pre-authorisation no..... No of sessions..... Excess.....

Payment Details

I hereby authorise my debit/credit card to be debited for fees and expenses, including those not covered by my health insurance provider

Name on card..... Card no: ___ / ___ / ___ / ___ Exp date: ___ / ___

CVV No: ___ Card type: Visa/Visa debit Mastercard American Express Maestro

Terms and Conditions

Medical Insurance and Payments

We are recognised by most major health insurers and are usually happy to invoice BUPA, AXA PPP and AVIVA directly for the cost of your treatment, although this will not affect your liability as responsibility for the payment of our fees in full. In order to take advantage of this service you will need to provide us with your membership number, pre-authorisation number, the number of treatment sessions you have authorised and also any excess that is required to be paid. We will also need your credit/debit card details at the time of booking.

Please note that even if you have private medical insurance it may not cover our fees and expenses. Particular treatments may not be covered by your insurance provider, or there may be an excess payable. We will require that you pay any remaining balance, should your insurance company not cover the full cost of treatment. For example, fees that will not be reimbursed by health insurance companies include stock items, late or missed appointment charges.

Direct Payments

If you are not covered by one of the main insurance companies that we invoice directly, you will be required to pay the full cost of your treatment at each appointment. We can then provide you with the necessary receipts to process claiming this back from your insurance company. We accept payment via BACS transfer, cash or card payments.

Late Payments

Payments must be made within the specified billing period. You will be liable for all costs of collecting or enforcing payment from you.

Cancellation Policy

We require at least 24 hours' notice for any cancelled appointments. If you cancel in less than this timeframe, or miss an appointment, you will be charged in full.

Referrals

From time to time we may refer you to a third party for further treatment or imaging. We will send a referral to this third party and you will be responsible for organising an appointment. You will then be bound by the terms and conditions of the third party, and we undertake no liability of the third party.

Consent to Treatment

By signing the term and conditions you are consenting to assessment and treatment with Physio Science UK. It is important to us that you fully understand your diagnosis and treatment plan. If you have any questions at any point please do not hesitate to ask. Please make us aware of any factors that could affect treatment.

Consent to our use and disclosure of your data and health records

Physio Science UK operates in accordance with the Data Protection Act 1998. Your notes will be stored electronically and accessed by authorised personnel only. Disclosures may be made to health professionals and your GP. By signing the terms and conditions you are consenting to Physio Science UK handling your personal data and health records.

Our Liability

Any professional liability is between the patient and individual clinician. All clinicians are insured through their respective professional bodies.

I have read and understood, and I agree to, the above terms and conditions including the conditions relating to fees. I understand I can decline treatment at any time, and agree to request further information when I am unsure.

Name	Signature	Date
------	-----------	------