

BETTS AVENUE MEDICAL CENTRE

FEES LIST January 2014

| CERTIFICATES AND FORMS | |
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| Private Sick Note | £15.00 |
| Driving Licence Photograph | £30.00 |
| Freedom from Infection Certificate | £25.00 |
| Provident Association Claim Form (eg BUPA) | £35.00 |
| School Fees Insurance Claim Form | £25.00 |
| Sickness/Accident Insurance Benefit Claim Form 1 st | £40.00 |
| Sickness/Accident Insurance Benefit Claim form Follow Up | £20.00 |
| Mortgage Loan Cancellation | £40.00 |
| Camp America (no medical) | £40.00 |
| OFSTED Child Minding Forms | £40.00 |
| LETTERS | |
| Letter from a charity in support of Benefit Claim BUT PAID FOR BY THE PATIENT | £10.00 |
| To Whom It May Concern | £20.00 |
| In Support of Housing Benefit | £30.00 |
| Statement of Fact | £20.00 |
| To a Solicitors / Insurance Company | £50.00 |
| FITNESS TO / FITNESS FOR | |
| DRIVE | |
| DVLA over 75s MEDICAL ONLY | £50.00 |
| LGV, PCV, TAXI REPORT ONLY | £75.00 |
| LGV, PCV, TAXI MEDICAL AND REPORT | £115.00 |
| SPORT | |
| Certificate | £40.00 |
| Report | £75.00 |
| SCHOOL | |
| Attendance Certificate | £40.00 |
| Attendance Medical and Report | £115.00 |
| MEDICAL EXAMINATION AND REPORTS | |
| Private Fee for Medical Consultation – Doctor (10 minutes) | £40.00 |
| Private Fee for Medical Consultation – Nurse (10 minutes) | £25.00 |
| Fostering / Adoption | £79.00 |
| Solicitors Reports (CPS or Solicitors) per hour | £50-£140 |
| Supplementary Questions arising from a Report | £20.00 |

| COURTS | | |
|---|---------------------------|--------------------------|
| Exemption | LETTER ONLY | £30.00 |
| Exemption | REPORT ONLY | £80.00 |
| Exemption | MEDICAL AND REPORT | £115.00 |
| PRE-EMPLOYMENT / EMPLOYMENT | | |
| Extract from Records | | £30.00 |
| Pro-forma Report, no examination | | £40.00 |
| Detailed Written Report, no examination | | £70.00 |
| Comprehensive Examination and Report | | £115.00 |
| OTHER CHARGES | | |
| SEAT BELT EXEMPTION/ACCIDENTS | | |
| Extract from Records | | £30.00 |
| Pro-forma Report, no examination | | £40.00 |
| Detailed Written Report, no examination | | £70.00 |
| Comprehensive Examination and Report | | £115.00 |
| RTA injury – Each Person | | £21.00 |
| Power of Attorney, Visit and Report | | £300.00 |
| ACCESS TO RECORDS UNDER THE DATA PROTECTION ACT | | |
| Personal Viewing of Records | | £10.00 |
| Copy of Medical Records – by patient | | Maximum £50.00 |
| Copy of Medical Records for Solicitors etc | | £50.00 |
| PRIVATE TESTS | | |
| HIV Blood | | £20.00 |
| HIV Saliva | | £15.00 |
| Hep B Bloods (sometimes 2 tests required) | | £30.00 |
| Hep B Booster (this is not needed for everyone) | | £30.00 |
| Non-NHS Injection | | £35.00 |
| TRAVEL | | |
| CERTIFICATES AND FORMS | | |
| Fit to Travel Examination / Report | | £115.00 |
| Travel Cancellation | | £30.00 |
| IMMUNISATIONS – PRICE PER DOSE | | |
| Consultation only | | £25.00 |
| VACCINATIONS FOR WORKING ABROAD OR EMIGRATION ARE NOT AVAILABLE AT THE PRACTICE | | |
| FEE MAY NOT BE CHANGED TO A PATIENT REGISTERED AT THE PRACTICE FOR THESE VACCIINATIONS BELOW | | |
| Combined Diptheria, Tetanus and Polio | | £32.00 |
| Combined Hepatitis A and B | | £67.00 |

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|---|--------|
| Combined Hepatitis A and B (paediatric) | £47.00 |
| Combined Hepatitis A and Typhoid | £82.00 |
| Hepatitis A | £49.00 |
| Typhoid | £27.00 |
| BELOW VACCINATIONS CANNOT BE GIVEN AS AN NHS SERVICE THEY REQUIRE A PRIVATE PRESCRIPTION WHICH WILL BE GIVEN BY THE PRACTICE TO BE COLLECTED FROM THE CHEMIST OF YOUR CHOICE | |
| Practice reserve the right to advise patients they may need to go to a Travel Centre for vaccinations | |
| Vaccination Certificate | £10.00 |
| Japanese Encephalitis | £80.00 |
| Tick Encephalitis | £60.00 |
| Tick Encephalitis (Junior) | £60.00 |
| Rabies | £80.00 |
| ALL ARE SUBJECT TO NON-NHS INJECTION COST | £35.00 |
| BELOW VACCINATIONS CAN BE GIVEN AS EITHER NHS SERVICE OR AS A PRIVATE SERVICE | |
| Hepatitis B (single agent) any dose | £40.00 |
| Junior Hepatitis A | £27.00 |
| Junior Hepatitis B | £27.00 |
| Meningitis ACWY – Menveo | £64.00 |

Private Fees Statement of Costs

| Patient Name | NHS Number | DoB |
|---|---|-----|
| Service (Requiring Fee) | | |
| Fee(s) Chargeable (VAT applicable Y / N) | <p style="text-align: right;"> £ £ £ _____ VAT _____ Total _____ </p> | |
| Circumstances under which additional fees may be chargeable (for a linked or continuance of this service) | | |
| Method of Payment | | |
| Terms under which a refund may be made | | |
| Patient Consent / Authority to proceed with service | <p> I request and authorise the practice to proceed with this service and understand the terms of the fee chargeable, including the circumstances (above) under which a refund may be available. </p> <p> Signed.....Name..... </p> <p> Date..... </p> | |
| Accepted and explained by: | <p> Staff signature Date </p> | |