Private Practice Procedure

Reference Number:
NHSCT/12/512

Target audience:
This document provides direction to all staff in relation to the procedures for the effective management of private patients within the Trust

Sources of advice in relation to this document:
Dr Peter Flanagan, Director of Medical and Governance Services

Replaces (if appropriate): N/A

Type of Document:
Trust Wide

Approved by:
Policy Committee

Date Approved:
2 May 2012

Date Issued by Policy Unit:
2 May 2012

(Replaced Staffnet Oct 12 due to minor amendments)

NHSCT Mission Statement

To provide for all the quality of services we would expect for our families and ourselves
1.0 INTRODUCTION

1.1 This document provides direction to all staff in relation to the procedures for the effective management of private patients within the Trust.

1.2 Policy Aims:

- To ensure private patients adhere to their legal obligation to meet the costs of treatment.
- To ensure that the Trust effectively recovers the cost of treating private patients.

2.0 DEFINITIONS

2.1 The following definitions are relevant within the context of this policy. The NHS Contract for Consultants provides full details of the contractual duties of consultants.

Definitions

Contractual and consequential services: the work that a consultant carries out by virtue of the duties and responsibilities set out in his or her Job Plan and any work reasonably incidental or consequential to those duties. These services may include direct clinical care, supporting professional activities, additional HSC responsibilities and external duties.

Fee paying services: any paid professional services, other than those falling within the definition of Private Professional Services, which a consultant carries out for a third party or for the employing organisation and which are not part of, nor reasonably incidental to, Contractual and Consequential Services. A third party for these purposes may be an organisation, corporation or individual, provided that they are acting in a health related professional capacity, or a provider or commissioner of public services. Examples of work that fall within this category can be found in Schedule 10 of the terms and Conditions for Consultants.

Private professional services (also referred to as private practice): such services as include:

- The diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under Article 31 of the Health and Personal Social Services (Northern Ireland) Order 1972), excluding fee paying services as described in Schedule 10 of the terms and conditions
- Work in the general medical, dental or ophthalmic services under Part IV of the Health and Personal Social Services (Northern Ireland) Order 1972 (except in respect of patients for whom a hospital medical officer is allowed a limited ‘list’ eg members of the hospital staff).

3.0 PROVISIONS GOVERNING THE RELATIONSHIP BETWEEN HSC WORK AND PRIVATE PRACTICE

3.1 Full details of the provisions regarding the relationship between HSC work and private practice are given in Schedule 9 of the Terms and Conditions for Consultants, and this should be consulted for further detail.
3.2 The consultant will inform his or her clinical manager of any regular commitments in respect of Private Professional Services or Fee Paying Services. This information will include the planned location, timing and broad type of work involved.

3.3 The consultants will disclose this information at least annually as part of the Job Planning Review. The consultant will provide information, in advance of the job planning meeting, about any significant changes to this information.

4.0 PRIVATE PATIENT FACILITIES

4.1 The Trust has no designated private patient facilities or limitation on the number of beds available for private patient purposes. It is authorised to set a charge for private patient facilities at an appropriate commercial rate.

4.2 The Trust has very limited private patient accommodation in terms of special facilities. Patients are allocated to rooms according to the availability which may mean that they are on a general or side ward, or they may have a single or shared room only some of which have ensuite facilities.

4.3 The income from Private patient work is deemed to make a valued contribution to the running costs of the Trust and it is in the Trust’s interest to develop alternative sources of income to fill the gap caused by reduced contracts within the Health Service.

4.4 The Trust may also offer “amenity beds” to patients. These usually are single room facilities for which a charge is made, but the patient does not make a private (fee paying) arrangement for treatment with a consultant. Consultants may not raise a fee for professional services to a patient who has elected to be treated within the NHS and has been provided with enhanced amenity accommodation.

5.0 RESPONSIBILITIES OF CONSULTANTS

5.1 Following consultation with the profession in 1987, a handbook entitled “Management of private practice in Health Service Hospitals in Northern Ireland” was issued. The handbook and these Trust procedures stress that it is the responsibility of consultants to ensure that their private patients are properly identified. Appendix 1 provides a basic checklist for the administrative arrangements required for private patients. This checklist should be followed for all private patient work.

5.2 New consultants who propose to engage in private practice should make themselves known to the Private Patient Officer who will advise them of the procedures involved in admitting a private patient to the Trust.

5.3 Consultants must give a copy of the Information Leaflet (Information for Private Patients) (appendix 2) to all Private Patients. Consultants must make private patients aware that there are two separate types of charges/fees involved. Private patients must pay the charges as detailed in Appendix 2 to the Trust. Private patients are also responsible for the primary consultant’s fees plus the fees of supporting consultant anaesthetists, radiologists etc if applicable.

5.4 Consultants should ensure that private patients are aware that some insurance companies require pre-treatment approval for high cost treatment and drugs, e.g. ICU/HDU stays, chemotherapy drugs, stays greater than 7 nights. It is the responsibility of the patient, as the person liable for the charges, to ensure their insurance covers all costs.
5.5 It is the responsibility of the consultant to ensure the accuracy of the information supplied to the private patient officer and finance. For example, it is essential that an operation classed as major in the trust invoice is not invoiced as minor on the consultants invoice.

5.6 All consultants engaging in private practice should familiarise themselves with the contents of these guidelines and those in the “Management of Private Practice in Health Service Hospitals in Northern Ireland” referred to above, specifically with the section entitled “Responsibility of hospital consultants” which clearly states that it is the responsibility of consultants to ensure that their private patients are properly identified. Consultants should also note the Trust’s Code of Conduct for private practice.

6.0 PRICES / CHARGES / FEES

6.1 Trust Charges

Private Patients are identified to the Trust by the completion of Form 1 which is sent to the Private Patient Officer. Private patients must sign Form 1 (Undertaking to pay) and are personally liable, whether insured or not, for any debt due to the Trust.

6.2 Prices are set and increased annually with a view to ensuring that the:

- Trust’s charges include an element of profit
- Trust does not eliminate itself from the major insured band where relevant, and
- Trust’s rates are comparable with those of other local hospitals, both private and NHS.

6.3 Private patients charges vary depending upon the complexity of the proposed treatment, diagnostic procedures, theatre time, etc. Finance staff revise the Private Patient Tariff annually. This tariff, which gives details of charges for private in-patient, day and out-patient treatments, is available from the Finance/Patient Administration Department.

6.4 Private patients are charged as follows:

6.4.1 Private Inpatients: On a cost per night basis covering the whole cost of treatment including the use of facilities and support staff but excluding the consultants’ fees. Invoices will detail the following as appropriate

- Use of facilities (cost per night)
- Procedures

6.4.2 Private Day Patients: On a cost per day or cost per procedure basis covering use of accommodation and support staff but excluding the consultants’ fees. Invoices will detail the following as appropriate

- Use of facilities (cost per night)
- Procedures
- Laboratory tests
- X-rays
- Drugs
- Implant costs (where applicable)
- Prostheses / valves/ pacemakers etc (where applicable)
6.4.3 Private Out-Patients: A charge will be made for each attendance as a private out-patient plus the cost of additional tests/treatment and it is expected that the patient will be treated privately for the whole of the diagnosis and treatment of the condition.

Invoices will detail the following as appropriate
- Use of facilities
- Procedures
- Laboratory tests
- X-rays
- Drugs
- Implant costs (where applicable)
- Prostheses / valves/ pacemakers etc (where applicable)

It is expected that the patient will be treated privately for the whole of the diagnosis and treatment of the condition.

7.0 INSURED PATIENTS

7.1 All private patients must sign an “Undertaking to Pay” form (Form 1) and are personally liable, whether insured or not, for any debt due to the Trust.

7.2 Some private patients may have private medical insurance. These patients must ensure that their private medical insurance covers any proposed treatment, Trust charges and consultant charges.

7.3 Where patients are insured, the Consultant should ensure that the name and registration number is noted on their ‘Undertaking to pay’ form.

7.4 Private patients should ensure that they obtain their insurance company’s permission for the specified treatment to take place within an agreed timescale. Each company has different rules for Trust waiting times, billing arrangements, limitation of cover etc.

7.5 Where pre-authorisation has been obtained from the insurance company, the Consultant should take a copy of the relevant documentation, or reference.

8.0 ADMISSION OR TREATMENT OF PATIENT SEEN PRIVATELY AND/OR REQUESTING A CHANGE IN TREATMENT STATUS

8.1 A patient who sees a consultant privately shall normally remain private throughout the entire treatment episode.

8.2 A patient who sees a consultant privately may decide that he / she wishes any further treatment to be carried as an NHS patient.

8.3 The patient must also be aware that a private consultation will not lead to earlier admission or access to Trust facilities.
8.4 Consultants are responsible for ensuring that professional fees are not charged once a patient has been transferred to NHS status. If a consultant continues to charge a professional fee, the Trust will assume that the patient has retained his / her private status and will ask the patient to sign an “Undertaking to Pay” form or refuse the patient treatment as a NHS patient.

8.5 If a patient seen privately outside the Trust is transferred temporarily to the Trust for diagnostic procedures, the Consultant is responsible for ensuring that the Private Patient Officer is notified. The patient will be required to sign an “Undertaking to Pay” form and will be charged accordingly.

8.6 **If a private patient wishes to revert to NHS status, a Change of Status form (Form 3) must be completed by the Consultant and the patient.** This form should then be forwarded by the Consultant to the Clinical Director for their approval who will then send the completed form to the Private Patient Officer.

9.0 **AUDIT**

9.1 The Trust has a duty to recover all income due for provision of facilities for private patients. All documentation, including patients’ notes, relating to private treatment is subject to audit.

9.2 Consultants are reminded that they are responsible for the identification and recording of private patients, category II patients and medico-legal patients. Failure to follow the procedures will result in investigation by Audit and, if necessary, disciplinary action under Trust and General Medical Council regulations.

10.0 **SUPPORT STAFF**

10.1 **Medical Staff**

Training grade and non-consultant career grade doctors and all other staff are required to assist the consultants to whom they are responsible with the treatment of their private patients within the Trust in the same way as their NHS patients. The charge paid by private patients to the hospital covers the whole cost of hospital treatment including the salaries of all non-consultant support staff (ie. nurses, administrative and clerical, ancillary, AHPs etc).

10.3 **Medical Secretarial Support**

Consultants must provide their own secretarial support for their private work. This work falls outside the Trust contract of employment with medical secretaries. Any arrangement entered into with Consultants’ medical secretaries must be made outside normal working hours of Trust employment.

11.0 **CREDIT CONTROL PROCEDURE**

11.1 The Trust is responsible for recovering all appropriate charges due to the Trust from private patients. The aim is to ensure that income is collected promptly and accounted for in full.
11.2 In some instances, to facilitate payment of invoices, additional information is required by insurance companies, and further medical reports may be required from the consultant. **Consultants must complete such reports** and send them to the insurance company within 7-10 days of a written request from either finance or the private patient officer. Written confirmation of the date the additional information / report was sent to the insurance company should be notified to finance / private patient officer immediately. This should facilitate prompt payment of invoices.

11.3 Credit control for private patients is split into two categories: Private Patients paying fees through a private health insurance policy and private patients paying fees personally.

11.4 For private patients paying fees through a private health insurance policy, it is the responsibility of the private patient to ensure that all paperwork is fully completed and submitted to the private health insurance company promptly. This should facilitate prompt payment of invoices to the Trust. A reminder letter will be sent to the private patient after 28 days if no payment has been received. In the letter, the Trust will ask the private patient to contact their insurance company to find out when they are to make payment and then to advise the Trust (Finance department).

11.5 Private patients responsible for paying fees personally will be sent a reminder letter after 28 days if the invoice remains unpaid. This letter will advise them that all invoices not paid within 28 days from the date of issue are referred for legal action unless the Trust is immediately notified in writing as to the reason for non payment. If the invoice remains unpaid 14 days later and there is no good reason for payment being withheld then the Trust will advise the debtor that it is now preparing legal proceedings for the full amount overdue including interest and legal costs.

11.6 It is essential that all paperwork is accurately completed. If a person refuses to make payment and the medical consultant has failed to get the Undertaking to Pay form signed, then payment should be sought from the consultant.

11.7 Finance staff involved in pursuing payment of invoices may need to contact the Private Patients Officers or medical practitioners to obtain advice and/or assistance with the pursuit of payment of invoices. Where there is difficulty in obtaining payment, some cases may be submitted to the NI Courts Service. As a consequence it may be necessary for Trust staff to attend court. In such cases, the NI Court Service will notify the Trust.

11.8 There are costs associated with pursuing debt via the legal route. However, it is a mechanism used by the Trust.

11.9 Failure to recover payments from private patients is an additional cost to the Trust. The Trust is therefore committed to trying to recover all such debts.

11.10 There will be occasions when it is no longer economical to pursue payment and Write Off will have to be considered. There is a procedure to be followed for Write Offs and depending on the value on the account it may require the approval of the Director of Finance and other relevant Director. A supporting case has to be made for all cases where write off is requested.
12.0 COMPLAINTS

12.1 Complaints from private patients should be dealt with through the Trust complaints officer in line with normal trust procedures.

3.0 KEY CONTACTS

13.1 Key contacts in relation to this procedure are:

Private Patient Contact Numbers
Antrim Hospital 028 9442 4574
Causeway Hospital 028 7034 6053
Mid-Ulster Hospital 028 7936 6996
Moyle Hospital 028 2826 6191
Whiteabbey Hospital 028 9086 5181 extension 2614

14.0 RELEVANT DOCUMENTATION

14.1 The following documentation should be read and used in conjunction with this policy:

- Appendix 1 Checklist for consultants
- Appendix 2 Information for Private Patients
- Appendix 3 Private Patient Process
- Form 1 Undertaking to Pay for Private Treatment
  To be completed by Consultant and Patient at first consultation
- Form 2 Notification of Treatment Provided
  Private/Category II/Medical Legal
- Form 3 Change of Status from Private Patient to National Health Service Patient
- Form 4 Notification to Finance Department
  Private Out Patients/In-Patients and Daycases/Category II & Medical Legal
- Form 5 Amenity Accommodation – Undertaking to Pay
- Form 6 Undertaking to Pay for Private Treatment
  To be completed by GP and Patient at first consultation
CHECKLIST FOR MEDICAL STAFF

This checklist should be followed for every initial consultation with a private patient:

- Complete Form 1 (undertaking to pay): white and blue copies to be sent to the Private Patient Officer, the pink copy to be given to the patient and the green copy to be retained by the Consultant. In the case of a GP using Trust facilities to provide private care Form 6 should be used (available via GP page on Staffnet).

- Provide patient with Patient Information leaflet (Appendix 2). Inform patient that they will be billed separately by the Trust for the use of hospital facilities – this is separate and additional to the Consultants professional fees.

- The copies sent to the Private Patient Officer represent notification that a private patient has entered the system.

- A Form 2 (notification of treatment provided) must be completed by the Consultant at each and every subsequent consultation/treatment as this occurs. The white and yellow copies to be sent to the Private Patient Officer and the green copy to be retained by the Consultant.

- Where it has been agreed that the status of a patient will change from Private patient to NHS patient, Form 3 should be completed and sent to the Clinical Director for approval and forwarding to the Private Patient Officer.

- When an amenity room has been requested, Form 5 should be completed: the white and blue copies to be sent to the Private Patient Officer, the pink copy to be given to the patient and the green copy to be retained at Ward Level.
INFORMATION FOR PRIVATE PATIENTS

1. **What is an Undertaking to Pay form?**

You will be asked to sign this form at the commencement of private treatment. The form assures the Hospital that you have requested private treatment and that you agree to settle any bills which are forwarded to you relating to this treatment.

2. **How many bills will I receive?**

You will receive a minimum of two. These will be from:

(a) The Hospital
(b) The Consultant
(c) The Anaesthetist (if you have had an operation)

You may also receive bills from:

(i) Laboratory
(ii) Radiology

These will be from Consultants who reported on any tests/x-rays which you had.

3. **How Are the Bills Calculated?**

The Consultants bills will be a private arrangement between him/her and yourself. The Hospital does not negotiate these bills. The Hospital will charge the following: (See most recent Private Patient price list for charges).

**Use of Facilities for a Consultation**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Room cost per night</td>
<td>Antrim</td>
</tr>
<tr>
<td></td>
<td>Causeway/Mid-Ulster/Whiteabbey</td>
</tr>
<tr>
<td>General Ward Accommodation</td>
<td>Antrim</td>
</tr>
<tr>
<td>Cost per night</td>
<td>Causeway/Mid-Ulster/Whiteabbey</td>
</tr>
<tr>
<td>Day Procedure Accommodation - cost per Day</td>
<td></td>
</tr>
<tr>
<td>Amenity Room per night</td>
<td></td>
</tr>
</tbody>
</table>

The tariff is exclusive of charges for operations. It does, however, include all costs associated with accommodation, drugs, dressing, diagnostic tests and administration during an in-patient stay. Out-Patients will be charged for diagnostic tests such as Lab tests, ECG’s etc. If you require specific
prices for these, please contact the relevant Private Patient Officer – see overleaf for telephone contact details.

**Supplementary Charges for Operative Procedures**

The above tariffs exclude theatre charges for in-patients and daycases, for which the following supplementary charges will apply:

<table>
<thead>
<tr>
<th>Type of Operation</th>
<th>In-patient</th>
<th>Day Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor</td>
<td>0-10mins</td>
<td></td>
</tr>
<tr>
<td>Intermediate</td>
<td>10-30mins</td>
<td></td>
</tr>
<tr>
<td>Major</td>
<td>More than 30 minutes</td>
<td></td>
</tr>
</tbody>
</table>

**4. How Do I Settle My bills?**

If you are not covered by Medical Insurance, you should settle your accounts by return by forwarding a cheque or postal order to the address on your invoices, or by using Visa, Access or Mastercard. If you are covered by Medical Insurance you will need to do the following:

(a) Inform your Medical Insurance Company that you are being treated at Hospital. You will need to tell them why, so that they can check that this particular diagnosis will be covered by the policy.

(b) Ask your Medical Insurance Company to forward a Claim form to you. You should bring this Claim Form to the Hospital with you.

(c) Ask your Consultant to complete the Claim Form and return it to you.

(d) Forward all bills with your Claim Form to your Medical Insurance Company. They will settle directly with the Hospital and Consultants.

(e) Your Medical Insurance Company will normally send you a remittance advice, informing you that your bills have been settled.

(f) Payment by credit/debit card can be made over the telephone by contacting 028 2563 5688 and quoting the invoice number

**5. What Do I Do If I Receive A Late Invoice?**

If an invoice arrives after you have forwarded your other invoices and claim form to your Medical Insurance Company, you should send the late invoice to your Medical Insurance Company with a covering note explaining that this bill arrived late. You should state your Policy Number on this letter, your dates of treatment and the Consultant in charge of your care. You will not normally be penalised for submitting late invoices.

**6. What Do I Do If I Receive A Reminder Letter?**

The hospital expects to receive payment for your treatment as soon as possible after the issue of an invoice.
A reminder letter will be furnished if an invoice remains outstanding twenty-eight days after issue. We appreciate that delays may occur, this being the case, please contact your private insurance Company or yourself using the contact details on your reminder letter/invoice.

Please note that failure to make payment may result in legal action being taken.

7. Who Should I Contact If I Have A Query?

You should contact the relevant Private Patient Officer if you have a query regarding a late invoice received or a treatment query, or the Finance Department in 028 2563 5552 if your query related to the payment of your invoice.

Private Patient Contact Numbers
Antrim Hospital 028 9442 4574
Causeway Hospital 028 7034 6053
Mid-Ulster Hospital 028 7936 6996
Moyle Hospital 028 2826 6191
Whiteabbey Hospital 028 9086 5181 extension 2614

NB: Prices revised 1st April each year.
Appendix 3

PRIVATE PATIENT PROCESS

FORM 1
To be completed by Trust Consultant/Clinician and patient at first consultation (includes Information Leaflet)

FORM 6
To be completed by GP and patient at first consultation

FORM 2
Notification of treatment provided
To be completed by Consultant/Clinician at each and every subsequent consultation/treatment as this occurs

FORM 3
Change of status
To be completed by Consultant/Clinician if requesting patient is returned to NHS status. To be sent to Clinical Director for authorisation. Clinical Director to send approved copy to Private Patient Officer

FORM 4
To be completed by Private Patient Officer listing details of patient treated and returned weekly/monthly. Forms 1, 2, 5 and 6 to be returned as appropriate

FORM 5
Amenity form. To be completed by Ward staff member/patient and returned to Private Patient Officer

CATEGORY II / MEDICO-LEGAL

FORM 2
To be completed by the Consultant at each attendance/treatment
UNDERTAKING TO PAY FOR PRIVATE TREATMENT
To be completed by Consultant and Patient at first consultation

PATIENT NAME: ____________________________________________ HOSPITAL NUMBER __________________________________

PATIENT ADDRESS: ____________________________________________ POSTCODE ______________________

PATIENT HOME TEL NO: _______________________ WORK TEL NO: ______________________________________

SPECIALITY: ________________________________ CONSULTANT NAME: ________________________________

Please tick box(es) for treatment agreed:-

☐ OUTPATIENT CONSULTATIONS (Any further review appointments required)

Date of first Consultation_____________________________ Hospital ____________________________________

☐ TESTS Diagnostic/Investigative tests required

☐ DAYCASE/INPATIENT TREATMENT IF REQUIRED

Date of Daycase/Inpatient treatment____________________ Hospital ____________________________________

☐ INFORMATION LEAFLET ON PRIVATE PATIENT CHARGES PROVIDED TO PATIENT

MEMBER OF A PRIVATE MEDICAL INSURANCE COMPANY? YES ☐ NO ☐

IF YES:- NAME OF INSURANCE COMPANY: ____________________________________________________________

REGISTRATION NUMBER: __________________________________________________________________________

Please read this document carefully before signing below. This is legally binding.
I undertake to pay Northern Trust in respect of accommodation and services provided to me as a private patient. The charges which I pay to the Northern Trust will be based on the information provided to me in the information leaflet, as the treatment occurs. I understand that such charges relate to only hospital costs and do not include any fees for the private services of the Consultant, or fees from any other Consultant practitioner who may provide services relating to my care (eg Radiologist, Pathologist and Anaesthetist).

Please note you will remain liable for any part of your account not settled by your Insurer. It is your responsibility to check insurance cover.

The Trust reserves the right to suspend treatment should any payment not be made as requested.

I understand and agree to the terms above.

SIGNED (PATIENT/PATIENT’S REPRESENTATIVE): _________________________ DATE: ___________________

RELATIONSHIP TO PATIENT (IF REPRESENTATIVE): ____________________________________________________

SIGNED (CONSULTANT): _______________________________________________ DATE: ___________________

PRIVATE PATIENT REFERENCE NUMBER __________________

White & Blue Copies: To Private Patient Officer within 5 working days
Pink Copy: To be given to Patient/Representative
Green Copy: To be retained by Consultant

FINANCE USE ONLY

____________________________________

____________________________________
NOTIFICATION OF TREATMENT PROVIDED
Private/Category II/Medical Legal

Affix label

PATIENT NAME:__________________________________________________________

SPECIALTY:____________________________________________________________

PATIENT ADDRESS:_____________________________________________________

OUTPATIENT NEW  □ REVIEW  □ HOSPITAL:________________________________

CONSULTATION

CONSULTANT:___________________________________________________________

DATE: ________________________________________________________________

DAYCASE/INPATIENT

HOSPITAL:____________________________________________________________

CONSULTANT:___________________________________________________________

DATE: ________________________________________________________________

THEATRE TIME:______ MINOR  □ INTERMEDIATE  □ MAJOR  □ COMPLEX MAJOR  □

SINGLE ROOM  □ GENERAL WARD □

DATE OF ADMISSION:________________________ DATE OF DISCHARGE:________________________

PROCEDURE DESCRIPTION:_____________________________________________

TESTS

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>TYPE OF TREATMENT</th>
<th>UNIT COST</th>
<th>TOTAL</th>
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THE ABOVE TESTS WERE DONE AT THE REQUEST OF______________________________________________

DATE: ___________________________ SIGNED: ___________________________

PRINTED NAME: __________________________________ POSITION: ________________________________

White & Yellow Copies: To Private Patient Officer within 5 working days

Green Copy: To be retained by Consultant/Allied Health Professional

PRIVATE PATIENT OFFICER ONLY

PRIVATE PATIENT REFERENCE NUMBER: ____________

SIGNED BY PRIVATE PATIENT OFFICER: _______________________

SENT TO FINANCE WEEK ENDING: _____________________________

FINANCE USE ONLY

Received by (date)___________ Code:________________________

Prices checked by:_____________________________________

Invoiced by:__________ Invoice No:________________________
CHANGE OF STATUS FROM PRIVATE PATIENT TO NATIONAL HEALTH SERVICE PATIENT

HOSPITAL NUMBER: _________________________ CONSULTANT: ______________________________

I ____________________________________ being a patient in/attending __________________________
Ward/Unit of ________________________________ Hospital hereby declare that I wish to cancel my
Private Patient status as from (date) _______________________.

I understand that, subject to approval, I am now a National Health Service Patient.

SIGNED: ________________________________________
DATE: __________________________________________

FOR OFFICIAL USE ONLY

(a) I recommend that this request be approved with effect from

__________________________________________________

SIGNED: __________________________________________
DATED: ________________________________ (Consultant in charge)

(b) I authorise the release of the above named patient from Private Patient status to National Health
Service status.

SIGNED: __________________________________________
DATED: ________________________________ (Clinical Director)
NOTIFICATION TO FINANCE DEPARTMENT
PRIVATE OUT PATIENTS /IN-PATIENTS & DAYCASES /CATEGORY II & MEDICAL LEGAL

HOSPITAL: ___________________________________________ WEEK ENDING: ____________________________________

<table>
<thead>
<tr>
<th>NAME</th>
<th>HOSPITAL NO</th>
<th>CONSULTANT</th>
<th>OUTPATIENT CONSULTATION DATE(S)</th>
<th>CATEGORY IV MEDICAL LEGAL</th>
<th>INPATIENT/DAYCASE</th>
<th>REMARKS</th>
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SIGNED: ___________________________________ DATE ____________________________________
PRIVATE PATIENT OFFICER

White Copy: To Finance Department and Yellow Copy: Retained by Private Patient Officer
AMENITY ACCOMMODATION - UNDERTAKING TO PAY

This form to be completed in respect of a person provided on request with Hospital accommodation in a single room.

NOTES AS TO COMPLETION

(1) An undertaking in respect of a child or a person under the age of eighteen years, should be given by the person who will pay the account, a patient or legal guardian.

(2) In all other cases, the undertaking should be signed by the person accepting financial liability to pay the account: where the patient is married it may be appropriate for the form to be signed by the patient’s spouse.

UNDERTAKING

I, (full name) _____________________________________ of _____________________________________

_________________________POSTCODE___________________ hereby undertake to pay Northern Health &

Social Care Trust the sum of £_____________ per night with the effect from _______________________

to______________________ in consideration of **(full name) __________________________________

of ____________________________________________________________________________________

**being provided on request with accommodation in the ____________________________ Hospital in

accordance with arrangements made under Article 33 and, in the case of persons not ordinarily
resident in Northern Ireland, Article 42 of the Health and Personal Social Services (N.I.) Order 1972.

** Enter name and address of patient if different from person giving the undertaking, otherwise delete.

TOTAL NIGHTS:                   TOTAL AMOUNT DUE: £

Signed: (full name) ________________ Witnessed by: (full name)________________________

Relationship to patient:_____________ Date:__________________________________________

Patient’s email address ____________________________________________________________

FINANCE USE ONLY

Received by (date)____________________ Code:__________________________

Invoiced by: ________________________ Invoice No:______________________
UNDERTAKING TO PAY FOR PRIVATE TREATMENT
To be completed by GP and Patient at first consultation

PATIENT NAME:_________________________________________ HOSPITAL NUMBER ________________

PATIENT ADDRESS: _____________________________________ POSTCODE________________________

PATIENT HOME TEL NO:_______________________ WORK TEL NO:______________________________________

PATIENT’S EMAIL ADDRESS______________________________________________________________________

SPECIALITY:________________________________ CONSULTANT NAME:________________________________

Please tick box(es) for treatment agreed:-

☐ OUTPATIENT CONSULTATIONS (Any further review appointments required)

Date of first Consultation_____________________________ Hospital ____________________________________ 

☐ TESTS  Diagnostic/Investigative tests required__________________________________________________

☐ DAYCASE/INPATIENT TREATMENT IF REQUIRED

Date of Daycase/Inpatient treatment____________________  Hospital ____________________________________ 

☐ INFORMATION LEAFLET ON PRIVATE PATIENT CHARGES PROVIDED TO PATIENT

MEMBER OF A PRIVATE MEDICAL INSURANCE COMPANY?  YES ☐ NO ☐

IF YES:-  NAME OF INSURANCE COMPANY:__________________________________________________________

REGISTRATION NUMBER:____________________________________________________________________________

Please read this document carefully before signing below. This is legally binding.

I undertake to pay Northern Trust in respect of accommodation and services provided to me as a private patient. The charges which I pay to the Northern Trust will be based on the information provided to me in the information leaflet, as the treatment occurs. I understand that such charges relate to only hospital costs and do not include any fees for the private services of the Consultant, or fees from any other Consultant practitioner who may provide services relating to my care (eg Radiologist, Pathologist and Anaesthetist).

Please note you will remain liable for any part of your account not settled by your Insurer. It is your responsibility to check insurance cover.

The Trust reserves the right to suspend treatment should any payment not be made as requested.

I understand and agree to the terms above.

SIGNED (PATIENT/PATIENT’S REPRESENTATIVE): ____________________________ DATE: ______________

RELATIONSHIP TO PATIENT (IF REPRESENTATIVE):___________________________________________________

SIGNED (GP): _______________________________________________ DATE: ___________________

PRIVATE PATIENT REFERENCE NUMBER ______________

White & Blue Copies: To Private Patient Officer within 5 working days
Pink Copy: To be given to Patient/Representative
Green Copy: To be retained by GP

FINANCE USE ONLY