ELSTREE
Elstree Outpatients Centre
Beaufort House, The Waterfront
Elstree Road
Elstree
WD6 3BS
020 3553 6765

HATFIELD
One Hatfield Hospital
Hatfield Avenue
Hatfield Business Park
Hatfield
AL10 9UA
01707443333

web: www.childchestclinic.com

email: secretary@childchestclinic.com

TERMS AND CONDITIONS OF CONSULTATION

Date

Parent Name
Parent Address

Dear Parent

Further to our recent communication a new/follow-up appointment has been arranged for *Child's Name* to see Dr Chinedu Nwokoro ("Dr Chin") at:

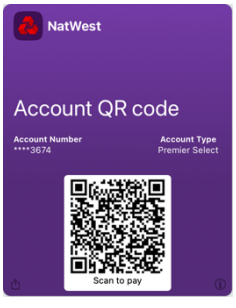
LOCATION

DATE

TIME

Thank you for choosing to see me for your child's outpatient consultation. This letter sets out some important information that I am required by law to communicate. This is for information only and is not a bill. The information refers to clinic fees for both insured and self pay patients. If your bill will be paid by someone else you should pass a copy of this letter to them. Please note that even if someone else is paying your bill or you have private medical insurance, you remain responsible for paying any charges that they do not pay. Self pay consultation fees are payable in advance via BACS to Dr Chinedu Nwokoro (**Acc. No. 32513674, Sort code 604004**) or by scanning the purple QR code below with your smartphone camera. BACS payments should include your child's surname and the clinic date in the reference. For example, if Joe Bloggs was seen on New Year's Day the reference would be: DRCHIN_JBLOGGS010125. Payment can also be made via PayPal (incurs a 5% processing fee). **Your Self Pay appointment is not confirmed until payment is received in full.**

CONSULTATION FEES	New patient visit	£300
	Virtual new patient visit (MS Teams)	£300
	Follow up visit	£200
	Virtual follow up visit (MS Teams)	£200
	Repeat prescription without consultation	£25



During your initial and/or follow up consultations your child may require additional investigations or services as outlined below (please note this is not an exhaustive list). There will be a separate and additional cost to you or your insurance company for these additional procedures and we will invoice for performing these. Additionally, some tests (including but not limited to x-rays, blood tests, allergy tests) may be performed by the hospital, with separate fees determined and levied by the hospital direct to you or your insurance company for the use of their facilities.

Similarly, following your initial and/or follow-up consultation you may need further tests (such as blood tests or imaging, for example an X-ray, MRI or CT scan) to help us make a diagnosis or formulate a treatment plan. If the test is undertaken by the Hospital, the fees for those tests will be determined by the clinic or hospital and charged by the hospital to you or your private medical insurer as appropriate.

INVESTIGATION FEES	Baseline Spirometry	£100
	Spirometry with bronchodilator/exercise reversibility[1]	£120
	Fractional exhaled nitric oxide testing	£120

PLEASE NOTE

Self pay patients – will be required to pay any investigation fees in clinic (see above for payment methods).

Insured patients – will make good any insurance shortfall (excess), and any payment will be in line with the fee schedule detailed above or that agreed with your insurer. In this event you will receive an itemised invoice with payment options including direct capture from your nominated payment method.

Please note that you are responsible for any fees not covered by your insurer. Payment is due on issuance of invoice or on agreement to treatment, whichever is sooner. Hospital charges are levied separately and you remain ultimately responsible for the full cost of your treatment as charged by us as well as any hospital charges.

Late cancellation or non-attendance of consultations:
Non-attendance or late cancellation compromises clinic availability. If you are unable to attend your scheduled appointment please inform us in writing as soon as possible and certainly within 1 working day. Cancellation later than this (in effect after 10 am the preceding Wednesday) will incur a penalty of £100, while non-attendance or same day cancellation will result in an invoice for the entire appointment fee or in retention of the prepayment for self pay patients.

Non-payment or delayed payment of invoices:
Invoices will normally be paid within two weeks of issue. Invoices not paid within 4 weeks will be referred to a debt management agency. Any costs levied by the agency in recouping unpaid fees will be added to the invoiced amount.

Virtual Consultations
Virtual Consultation (Microsoft Teams) may be advised for follow up appointments and on occasion for new patients. The fee for this service is the same as for an in person appointment. We will bill your insurer if you are insured or you personally if you are self-funded. Self pay payment terms are the same as for in person consultations and thus payment in advance is required to confirm the appointment. Please ensure that we have your correct contact details and that you are available at the arranged time. Late cancellation or non-attendance penalties are the same as for in person appointments.

Private Medical Insurance
If your care is insurance-funded, please contact your insurer prior to your consultation to check the terms of your policy; particularly the level and type of outpatient cover you have and any reimbursement limits on individual consultation fees. You are responsible for keeping your insurance company appraised of your child's care and confirming adequate cover.

Please note my outpatient fees are usually within the reimbursement limits of the major UK insurers. If you obtain an authorisation number from your insurer prior to the consultation, we will bill your insurer directly.

[1] An additional fee will be payable to cover salbutamol inhaler and spacer if patient does not bring their own.

I am recognised by the following private medical insurers:

BUPA, BUPA GLOBAL, ALLIANZ, AXA PPP, AETNA GLOBAL BENEFITS, AXA INTERNATIONAL, AVIVA, CIGNA, CIGNA INTERNATIONAL, HEALIX, SIMPLY HEALTH, VITALITY HEALTH, WPA. Please do check with my secretary if your insurer is not listed above.

Financial Interests
I am legally obliged to tell you if I have any financial interests in the hospital or any equipment there. I can confirm I do not have any such financial interests.

Quality Information
You can compare independent information about the quality of private treatment offered at the hospital and other private healthcare providers from the Private Healthcare Information Network (PHIN) website: www.phin.org.uk. Patient feedback information regarding my care is available at Doctify and I Want Great Care and you are encouraged to leave a review after your consultation.

By accepting this appointment I confirm that I have read and understood the terms and conditions outlined above. I agree to pay the full cost of the treatment both to the clinician, as well as to the hospital at which the service is provided. I agree to meet any shortfall not covered by my insurance (if applicable). I understand that failure to pay may incur further costs such as debt collection and/or legal fees.

Preparation
If you have not already done so **PLEASE PAY YOUR CONSULTATION FEE (Self Pay patients) AND COMPLETE THIS QUESTIONNAIRE (also available at the QR code below, all patients) TO CONFIRM YOUR APPOINTMENT. If payment is not received within 24 hours of booking your self pay consultation your appointment slot will become forfeit and may be offered to another patient.**

Please allow 10 minutes prior to your appointment for growth measurements and administration. Please come in loose comfortable clothing that permits physical exercise, and that facilitates examination of the chest and abdomen and other areas of the body that may prove relevant. Please bring any medications (prescribed or otherwise, including inhalers and spacers); kindly avoid the use of salbutamol (blue inhaler) on the day of clinic, and (if allergy testing is indicated) avoid antihistamines for 4 days prior to clinic. Any referral letters or other relevant documentation should be sent by email in advance to secretary@childchestclinic.com or a copy made available for scanning on arrival. Please bring the red book with you if available.

Yours sincerely

Mrs Kirsty Gruber (on behalf of Dr Chin)

Secretary to Dr Chinedu Nwokoro, MB BChir MA Hons MD (Cantab) MRCPCH
Consultant in General and Respiratory Paediatrics, the Child Chest Clinic
Consultant Respiratory Paediatrician and Honorary Clinical Senior Lecturer,
Barts Health NHS Trust and Queen Mary University of London
Phone: 07753882808
Website: https://www.childchestclinic.com
Doctify: https://www.doctify.com/uk/review/xgglvw
Iwantgreatcare: www.iwgc.net/efvkw

QUESTIONNAIRE!