



Eve Hill Medical Practice

Application for Non-NHS Doctors Letter/Form (All the information you need to know and how to request a letter/form)

You have requested that the surgery provides you with a private letter or form. To help you get the letter or form that you need we would be most grateful if you could complete the application form on the following pages.

The provisions of private letters and forms are not covered on the NHS. It is private work, and just like private work from a solicitor or any other professional, there is a charge for this work.

From the day the surgery receives your application, it will take ten working days to complete your letter or form ready for collection. This is because time completing forms takes the GP away from the care of his/her patients and meeting medical needs is obviously the priority. Please complete the application fully so we can provide you with the letter or form you require.

If you request that the letter or form is completed by a specific doctor who is away from the surgery or is on holiday it may take longer.

If you require the letter or form sooner, we will try to arrange this but it will be subject to the other demands of the practice, and will be subject to an additional charge and may not be possible to do at all times.

An indication of charges can be found as an additional page within this application. These fees will be reviewed on a yearly basis.

The surgery may be able to confirm the charge when you drop in your completed application but in most instances, the doctor must review the application before we can inform you what the charge will be.

A deposit of £10 will need to be paid before the application is processed.

The balance will need to be paid before the letter or form can be collected.

If you require this information in an accessible format, such as large print, Easy Read or Braille, please contact the practice by telephone on 01384 254423, by email at evehill.medicalpractice@dudleyccg.nhs.uk or ask a receptionist.



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APPLICATION FORM

Do you require a Non NHS doctor's letter or a form to be completed?

Letter Please complete sections 1, 2 (if relevant), 3 and 4

Completion of form Please complete sections 1 and 4. Please also attach the relevant form

Section 1: About you

Name: _____

Address: _____

Telephone Number: _____

Date of Birth: ____/____/____ (dd/mm/yy)

Is this letter about you? The person named above? If Yes complete section 3, if no please complete section 2

Section 2: If this letter is about someone else

Their Name: _____

Their Address: _____

Their Telephone Number: _____

Relationship to the Patient: _____

Their Date of Birth: ____/____/____ (dd/mm/yy)

To be completed by the person who the letter is about:

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



Eve Hill Medical Practice

I ***do/*do not** require access to the letter/report before it is sent

Signed _____ Print _____

Date _____

We may need to confirm this consent with the patient.

Section 3: About the letter

Name of person/organisation the letter is to:

Address of the person/organisation:

Reference number if applicable: _____

Please provide a brief summary of the information you would like to be included:

Section 4: Other questions

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?

Do you want the letter returned to you or do you require us to send it to the person/organisation directly?

Please note: The doctor will review your medical records when completing this letter/form. They will only be able to include factually accurate information that is included in your medical records. Unfortunately we cannot add information to the letter/form that is not in your medical records.

PLEASE TURN OVER TO COMPLETE THE DECLARATION



Eve Hill Medical Practice

DECLARATION

I understand that I am requesting that 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 a £10 deposit before the letter can be completed and the balance is payable on collection of the letter.

I understand that if I no longer require the letter but the doctor has started work on it, the £10 deposit is non-refundable.

I understand it will take ten working 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 an additional charge I hereby consent to the surgery disclosing my medical information for the purposes of this letter.

I ***do/*do not** require access to the report before it is sent

Signed _____ Date _____

OFFICE USE ONLY

Reception

Date received _____ Application completed £10 deposit paid

Doctor

£ _____

Secretaries

Date received _____ Passed to Doctor (GP initials) _____

Phone patient to accept price

Letter completed _____ Full Payment taken

We acknowledge Feldon Lane Surgery for their support in helping to write this policy and application pack



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Certificates & Forms	Price
Doctors signature	£15.00
Private sick note	£15.00
Fitness to exercise	£15.00
"To whom it may concern" letter	£15 minimum POA
Driving Licence photo verification	£20.00
Passport form / photograph (including children)	£20.00
Sickness Accident benefit form	£20.00
Camp America forms	£50.00
Letter to support PIP or ESA appeal	£20 minimum POA
Gun Licence signature	£20.00

Medical Examinations	Price
HGV Drivers Medical	£90.00
Taxi / LGV / PSV Medical	£90.00
Foster Medical	£88.63
Sports medicals (excluding diving)	£75.00
Seat belt exemption exam	£75.00

Medical Reports	Price
Full Report	£75.00
Court of Protection / Lasting Power of Attorney	£75.00

Reports for Insurance Companies / Solicitors	Price
GP Report	£115.00
GP Report with examination	£150.00
Supplementary information	£30.00
Insurance questionnaires	£30.00

Copies of Medical Records	Price
Full set of records (paper and computer)	£50.00
Print out of computer records	£10.00
Immunisation print out	Free
Print out of medical summary / medication list for PIP / ESA	Free

Travel Abroad	Price
Travel cancellation	£35.00
Fitness to travel	£20.00
Private prescription to travel	£15.00
Print out of medical summary / medication list for travel	Free
Vaccination certificate	£15.00
Course of vaccinations for non-patients	£POA

Other	Price
Job references	£20.00

These fees will be reviewed on a yearly basis