

PAYMENT TERMS INFORMATION

Thank you for making an appointment with Professor Sanjiv Jari, Consultant Knee, Lower Limb and Orthopaedic Sports Medicine Surgeon.

If you are insured, and would like the fees for the consultation/treatment claimed from your insurer, please complete your details in the spaces provided:

Name: _____

Email: _____

Tel No: _____

Ins Co: _____

Policy No: _____

Authorisation No: _____

If you do not have these details to hand, please telephone the office within **48 hours** of your appointment, in order for us to submit the consultation invoice to your insurer.

Occasionally, for a variety of reasons, insurance companies will not pay the full amount, leaving a shortfall for which you are liable. In these cases, you will be advised by your insurers to settle these amounts directly to Professor Jari.

If you need to have an operation, or a course of injections for which you will be paying yourself, we require payment before the procedure. Please telephone the Practice Administrator at the office to discuss this.

Please be aware that the *responsibility for payment remains with yourself and not your insurer*. If your insurer does not pay the fees, then you will need to settle the account. We will issue a receipt so that you can claim these costs back where possible and assist you in any way we can with this.

If you are not insured and are making payments personally, you may pay with a debit card/credit card or arrange a BACs payment.

CANCELLATION POLICY

The practice operates a 48-hour cancellation policy, whereby unattended appointments which have not been cancelled up to 48 hours prior, are subject to a 50% cancellation fee. This is invoiced directly to the patient.

PRIVACY POLICY

We confirm that no financial details that you give to our office are stored or shared with a third party.

Practice Administrator
Tel : 0161 445 4988

Email: info@thekneedoc.co.uk

Postal address:

KEY HOUSE
7 CHRISTIE WAY
CHRISTIE FIELDS
MANCHESTER
M21 7QY

I have read and understood the terms of consultation.

Name _____

Signature _____

Date _____

This business is a member of an incentive scheme constituted for the benefit of our customers, suppliers, and connected businesses. If you would like to make an application to benefit from this scheme, please contact our office.

Outpatient Appointment

Thank you for choosing to see me for your outpatient consultation. This letter sets out some important information that I am required by law to provide to you. This is for your information only and is not a bill. As this includes information about my charges, if you do not have private medical insurance but someone else will be paying your bill, you may wish to pass a copy of this letter onto them. Please note that even if someone else is paying your bill or you have private medical insurance, you are responsible for paying any charges which they do not pay.

Consultation Fee

My fee for an initial consultation will not exceed £325 and my fee for any follow-up consultation will not exceed £275. These estimates are correct as at the date of this letter. Please note that if you are insured, I will not charge more than your insurance company's schedule of agreed fees for outpatient consultations.

Following your consultation, you may need certain tests (such as blood tests or imaging, for example an x-ray, MRI, CT, or US scan) to help me diagnose your condition. If the test is undertaken by the clinic or hospital, and not be me, the fees for those tests will be determined by the clinic or hospital and charged to you, or your private medical insurer, separately.

If there are any fees that I will charge in relation to any of the tests I advise that you should have, I will let you know what those fees will be accordingly.

Private Medical Insurance

If you have private medical insurance, please contact your insurer before your consultation to check the terms of your policy, particularly the level and type of outpatient cover you have, including any reimbursement limits on individual consultation fees.

I am recognised by the private medical insurers listed below:

AXA PPP	AVIVA	ALLIANZ	AIG	CIGNA	CS HEALTHCARE	EXETER
FREEDOM	GENERAL & MEDICAL	HEALTH PARTNERS EUROPE	HEALIX	SIMPLY HEALTH	VITALITY	WPA

Please note that you are responsible for any fees not covered by your insurer.

Financial Interests

I am legally obliged to tell you if I have any financial interests at the Spire Manchester Hospital or including any equipment there. I can confirm that 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 (PHIN) website: www.phin.org.uk

I look forward to welcoming you to the Spire Manchester Hospital.

Yours sincerely,



Professor Sanjiv Jari

Consultant Knee, Lower Limb and Orthopaedic Sports Medicine Surgeon

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Next steps

Thank you for choosing to see me for your outpatient consultation. This letter sets out some important information that I am required by law to provide to you. This is for your information only and is not a bill. As this includes information about my charges, if you do not have private medical insurance but someone else will be paying your bill, you may wish to pass a copy of this letter onto them. Please note that even if someone else is paying your bill or you have private medical insurance, you are responsible for paying any charges which they do not pay.

Tests and their costs

As discussed during our consultation, I recommend you have some further tests, specifically:

MRI scan, x-ray, ultrasound scan, nerve conduction studies/EMGs, image guided injection. The purpose of these would be to allow me to plan any further treatment.

As some of the tests I have recommended are undertaken by the hospital and not by me, then the fees for those tests will be determined by the hospital and charged to you, or your private medical insurer, separately. Sometimes other consultants will also be involved in those tests (an example being a radiologist reporting on an MRI scan), with their fees being included in the fee the hospital charges to you. Some/one of the tests I have recommended involves a consultant, whose fees are not included in the hospital charges. I will not be charging a fee in relation to these tests.

I would like to see you again for a further appointment to discuss the results of the tests I have recommended. As previously advised, my fees for follow-up appointments are £210, or as per your insurer's guidelines. Should you cancel your appointment with less than 24 hours' notice, or do not attend your appointment, a cancellation fee of up to 50% of the appointment charge OR an amount of £105 may be charged. Please note that your insurers will not pay this, even if you are insured and you will be liable for the fee.

Please note that unless otherwise advised, the fees detailed above do not include details of any further tests or treatment subsequently recommended or carried out.

Private Medical Insurance

If you have private medical insurance, please contact your insurer before you book for the tests I have advised, to confirm that these recommended next steps are covered by the terms of your policy. In relation to this, it may be helpful for you to know that I am 'fee assured' by major insurance providers, which means there should be no shortfalls owed by you in relation to any recommended inpatient or day-case treatment and which your insurer confirms is covered by the terms of your policy.

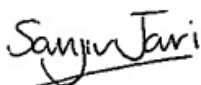
Please note you are responsible for any fees not covered by your insurer.

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.

Thank you again for coming to meet with me.

Yours sincerely,



Professor Sanjiv Jari

Consultant Knee, Lower Limb and Orthopaedic Sports Medicine Surgeon

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