**Undertaking to Pay Private Hospital Charges**

**Patient Name: Hospital Number:**

**Address: Date of Birth:**

 **Telephone Number:**

 **Mobile Number:**

**Postcode: Email:**

**Are you Self-funding:** (Yes or No)

**Insurance Company Name**:

**Policy Number**: **Pre-authorisation Number**:

**Consultation / Treatment Date**:

**Procedure**:

**Consultant’s Name**: **Code**:

**Declaration:** I confirm that the information I have provided in this form is correct and that I have read and understood the terms and conditions at the end of this form.

The fees payable for the services specified in this form have been explained to me and I understand that I am legally responsible for all hospital charges related to those services.

I understand that any fees or charges due to my treating consultant will be invoiced separately and are in addition to the hospital charges.

I confirm I have been provided with a comprehensive indication of the likely total cost of charges. I understand that the final charges will only be confirmed on invoice after treatment has been completed and that the invoiced charges may be different to the estimate.

I understand that I will be advised of any changes to the cost of my care before treatment is provided, whenever possible.

I understand that I am liable for increased or reduced costs not part of the estimate and agree to pay the full final invoiced charges.

If a third party or insurer has agreed to pay all or part of my account, I agree to pay any outstanding amount not paid by the third party or insurer.

I consent to the Trust sharing my confidential and medical information with any insurer paying for my treatment. If I withdraw my consent, I understand that my insurer may refuse to make payments towards my treatment and that I will remain liable for the costs of treatment provided.

I consent to the Trust releasing or requesting my medical records to or from any relevant private healthcare provides if relevant to my treatment and ongoing care.

**Signed: .............................................................................. Date: ............................................................**

## Terms and Conditions

## 1. Data protection: We will comply with all legal requirements including the General Data Protection Regulation 2018 and NHS Confidentiality Code of Practice.

2. **Payment terms**: The Trust requires all patients liable for charging to pay for their treatment up-front or to provide proof of third party cover (for example, if you have private medical insurance or another person will be paying for your care). The Trust reserves the right to request interim payments for any care that is being provided over an extended period.

3. **Payment by third parties**: If a third party or insurer has agreed to pay for some, or all, of the cost of your treatment and the third party refuses or is unable to pay, you will be liable to pay the remaining outstanding balance of the charges.