

# Registration Form



HARLEY STREET PHYSICIANS  
AFFILIATED WITH THE HARLEY STREET HOSPITAL

## PATIENT DETAILS

Title:	Full Name:		
Date of birth:			Age:
Home address:			
Email:			
Telephone:		Mobile:	

Do you require a Chaperone Service?  YES  NO

## PAYMENT DETAILS

Please provide details below of your sponsor or insurer including membership and authorisation numbers. Your insurer requires this information.

Payment method	<input type="checkbox"/> Self-funding	<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Third party
Insurance Company/Sponsor:		Membership No:	
		Authorisation No:	

### Insured/Third Party Patient Declaration:

- I understand and accept that if my Insurer or Third Party does not fully reimburse Harley Street Physicians for the cost of my examination, I will be required to pay the examination or any shortfall due.
- I understand Harley Street Physicians may be required to release my medical records, if requested, by my insurance (as indicated above) to assist with any payment queries.

## GP/CONSULTANT DETAILS

Would you like us to send copies of your results to another doctor?  Yes  No

Name:	
Address:	
Telephone:	
Email:	

**SUMMARY OF THE TERMS & CONDITIONS OF OUR PRACTICE**

Harley Street Physicians	Harley Street Physicians is the trading name of Maltz Medical Centre Ltd, in which some of the practitioners have a financial interest. The interest will not influence clinical decisions affecting your care. Maltz Medical Centre Ltd are a company registered in England 02704461 respectively whose registered offices are 58 Harley Street, W1G 9QB.
Your care	A patient is under the care and control of his or her physicians who may also involve other physicians in treatment if appropriate. Harley Street Physicians staff provide care and treatment under the doctor’s instructions.
Your responsibility	As a patient at Harley Street Physicians, it is your responsibility to: inform us of any medical condition, ongoing treatment or circumstance which may impact your care while you are a patient at Harley Street Physicians; provide us with accurate and up to date personal information, <i>for outpatient diagnostics services only</i> : read and follow any guidelines which are given to assist you in preparing for your appointment; be considerate of staff and other patients.
Your liability	The patient is liable for all personal expenses and any charges not settled by an insurer or sponsor. If there are delays in settlement, there may be penalties, for example the charging of interest of revoking of discounts, for which the patient will be liable.
Insured patient	The clinic will process insurance claims directly with Approved Insurers on the patient’s behalf if the patient has provided claims details and consent us to do so. It is the patient’s responsibility to verify with their insurer that the condition to be treated is covered by their insurance. The clinic is not responsible for this verification. Insufficient documentation will prevent direct settlements and may result in the account being billed to the patient. Any shortfalls in benefit are the patient’s responsibility. For the avoidance of doubt, an insured patient is liable for care and treatment they receive under the instruction of their physician. Should the patient’s insurer determine that such care and treatment is not medically necessary for the purposes of the patient’s insurance policy, the patient agrees that they will be liable for the portion of the charges that are not settled.
Approved Insurers	A list of approved insurers can be provided upon request.
Sponsored patients	We accept direct settlement arrangements only with third parties with whom we have an agreement. If such an agreement is not in place, the patient will be asked to settle the account with us and seek to recover the sum from the sponsor. Where an agreement is in place we must have a letter of guarantee specific to this treatment.
Self-funding	We require payment in full at time of treatment.
Billing and Collections	Where a self-funding patient does not pay on the day, or a patient liability arises on an Approved Insurance Company or Sponsored patient, this will be processed accordingly. In these cases payment is due within 30 days of invoice date. Following final demand, if payment remains outstanding then invoices may be referred to a collection agent to recover debt as they see fit and include further collection charges and fees.
Valuables	The clinic does not accept any responsibility whatsoever for the loss of any cash or valuables belonging to the patients or visitors.

**PRIVACY POLICY STATEMENT**

In order to provide you with our healthcare services, Harley Street Physicians will need to collect and use personal information about you. We will collect the personal information that is necessary for us to provide our healthcare services to you.

Harley Street Physicians and its practising clinicians and staff will use and disclose your personal information as appropriate for a range of purposes in relation to your care.

Harley Street Physicians is committed to protecting the privacy of your personal information in accordance with the EU General Data Protection Regulation (GDPR) 2018.

Full details of how we collect and process your personal data, the reason we use it and the right you have are included in our Privacy Policy, effective 25<sup>th</sup> May 2018, which can be found online or at Reception.

If you have any questions or concerns in relation to your personal information, please raise these with one of the member of our staff or clinicians.

How would you like to receive correspondence from Harley Street Physicians?  Post  Email  
 (This includes clinical letters, blood test results, medical reports and health updates from Dr Maltz/ Harley Street Physicians)

**AGREEMENT**

- I confirm that I have read, understood and accept the terms and conditions printed above.
- Insured patients – I authorise the clinic to submit claims relating to my treatment to my insurer on my behalf.

Patient	Signature:	Date:
Clinic	Signature:	Date: