

Private patient registration and agreement to pay form



PATIENT DETAILS

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND MODIFY ANY INCORRECT INFORMATION

Title	Address
Forenames	
Surname	
Sex	
Date of Birth	Postcode
Marital Status	Telephone number (home)
Religion	Telephone number (mobile)
Date symptoms first noted	Maiden Name
e-mail address	Occupation

NEXT OF KIN

Name	Relationship
Address	

GP DETAILS

Consultant	GP Address:
GP Name	

PLEASE INDICATE HOW YOU WISH TO SETTLE YOUR ACCOUNT

Insurance Cash/Cheque Debit/credit card Other

IF YOU HAVE PRIVATE MEDICAL INSURANCE PLEASE COMPLETE THE FOLLOWING DETAILS

Medical Insurer's Name	Group Number
Membership number/insurer policy	Scheme Name/Scale of Cover
Pre-authorisation/claim number	
Policy holder's name	

Have you attended this hospital previously? Please tick box if yes Date of last attendance if known

AGREEMENT TO PAY

I hereby undertake to pay The Oxford University Hospitals NHS Trust (OUH) for the accommodation, services and materials relating to my treatment as a private patient including circumstances where medical insurance proves not to cover the specific course of treatment. Payment is due on receipt of the hospitals invoice. I understand that if I do not pay an invoice on time, I may be charged interest and/or late payment fees, and the Oxford University Hospital could also pass the matter on to a collection agency who could charge me additional fees. If the matter is passed to a collection agency I hereby give my consent for the Oxford University Hospital to pass this form to the collection agency.

Signature..... Date.....

Patient or guardian if patient is under 16

Patient number	Inpatient / day case / op	Admission/ attendance date	Time	Estimated LOS	Consultant

IMPORTANT: PLEASE TURN OVER FOR ADDITIONAL REGISTRATION TERMS AND CONDITIONS

ADMISSION AGREEMENT

The patient is under the care of his or her physician or surgeon. The hospital staff will provide care and treatment in accordance with the instructions of the physician/surgeon. The patient consents to any nursing care, X-rays, examinations, laboratory procedures or any general medical treatment rendered to the patient. It is the responsibility of the patient's physician/surgeon to obtain the patient's consent, when required, to any medical or surgical treatment and to answer any questions about the patient's treatment.

Professional fees: Please note that the physician/surgeon admitting a patient privately is not acting in their capacity of an agent or employee of the hospital and unless otherwise stated, will invoice the patient separately for his or her services.

Valuables: The hospital does not accept responsibility for any cash or valuables.

Data protection notice:

Confidentiality: The confidentiality of patient information is of paramount concern to OUHT. To this end, OUHT fully complies with data protection legislation and medical confidentiality guidelines. Information acquired by your insurer will become part of the data held by them and other companies in the same group in the accordance with the provisions of the Data Protection Act 1998.

Medical information: Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, or to your agents and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or the agents. Such people or organisations may wish to send details of your expenses to companies outside the European Economic Area for processing.

Research: Anonymised or aggregated data may be used by Oxford University Hospital(s) and your insurer, or disclosed to others for research or statistical purposes.

OUHT supports the assessment of clinical governance. As part of these initiatives, the long-term effectiveness of certain treatments are measured. To assist these reviews, named data may be used by Oxford University Hospital(s) or disclosed to research organisations such as the National Institute for Clinical Excellence (NICE), the Cancer Registry, or the Public Health Laboratory Service involved in such research and will be used only for the specific purposes of the research. Such researchers will be under a duty of medical confidentiality and that imposed by the Data Protection Act

Please tick here if you do not consent to this disclosure.

Fraud: Information may be disclosed to others with a view to preventing fraudulent or improper claims.

Insured Patients Only: I declare that my/the patient's general practitioner recommended the specialist treatment and that to the best of my knowledge and belief the information given on this form is true and complete. I have read and understood the Data Protection Notice above. I authorise the hospital to liaise with and submit claims relating to my/the patient's treatment to my/the patient's insurer on my/the patient's behalf. I confirm that I have given my explicit consent, within the meaning of the Data Protection Act 1998, for my/the patient's personal data to be processed in relation to this claim and all subsequent treatment.

You should check with your insurer that you have adequate cover. We will try to help you do this, but only your insurer can confirm your cover.

I also authorise disclosure of any medical notes including the provision of copies thereof to my insurer or for continuing healthcare as part of their claim and payment processing requirements. This right also includes overseas transfer, since as part of your continuing care we may need to send your data to Agencies overseas.

Other information

Do you have any disability? YES / NO Previous surname ?

Ethnic group? (please tick as appropriate)

- | | |
|------------------------------|------------------------------|
| A (British) | K Bangladeshi |
| B Irish | L Any other Asian background |
| C Any other white background | M Caribbean |
| D White & Black Caribbean | N African |
| E White & Black African | P Any other Black background |
| F White & Asian | R Chinese |
| G Any other mixed background | S Any other Ethnic group |
| H Indian | Z Not Stated |
| J Pakistan | |