

Dr Paul Worth

Dr Paul F Worth PhD FRCP
Consultant Neurologist

Spire Cambridge Lea Hospital 30 New Road Impington Cambridge CB24 9EL Appointments 01223 266900	Spire South Bank Hospital 139 Bath Rd Worcester WR5 3YB Appointments 01905 350003	Circle Droitwich Spa Hospital St Andrews Rd Droitwich Spa WR9 8DN Appointments 01905 885769
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Dear Sir / Madam

Thank you for choosing to see me for an outpatient consultation. This letter sets out some important information that I am required by law to provide you. This is for your information and is not a bill. Please read this document carefully, sign it when you are happy that you have understood it, **and please bring a signed copy with you to the initial consultation. Please also keep a copy for your reference.**

As this letter 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 to 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, and you are still kindly requested to sign this letter.

1. Appointments and fees

- a. My fee for an initial consultation will not exceed £350 (for a 40 minute consultation) and my fee for any follow-up consultation will not exceed £225 (for a 20 minute consultation). If you require a longer appointment at any stage, please liaise with my secretary Jane and we will endeavour to accommodate you and provide a quote for the cost in advance.
- b. If it is more than one calendar year since your last appointment with me, I reserve the right to advise a 40 minute consultation and charge a consultation rate of £350 if I think this is necessary and in your interest. Please check with my secretary if in doubt.

Following your consultation you may need certain tests (such as blood tests or imaging, for example an X-ray, MRI or CT scan) to help me diagnose your condition. If the test is undertaken by the clinic or hospital, and not by me, the fees for those tests will be determined by the clinic or hospital and charged to you, or your private medical insurer, separately. (See section 5, *Arranging and paying for tests provided by Spire Cambridge Lea*, for more detail).

Paul Worth Neurology Ltd

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

2. Cancellation fees

If you need to cancel or rearrange your appointment, please provide at least **48 hours' notice**.

- Appointments cancelled **more than 48 hours** before the scheduled appointment time will **not incur a cancellation fee**.
- Appointments cancelled **within 48 hours** of the scheduled appointment time will be **charged 50% of the consultation fee**.
- If you do not attend your appointment without prior notice, the **full consultation fee** will be payable.

This policy helps ensure that appointment times remain available for other patients requiring specialist care. Thank you for your understanding.

3. Medical Reports arising from consultations

I will write a report detailing your consultation to the person who referred you, usually your GP, and any other medical, nursing or health care professional who I think should know about your condition, unless you do not consent to this in section 7 below. You will also receive a copy unless you opt out in section 7. It is my preference to send copies of correspondence by email wherever possible. **You are requested to provide a private email address to which your copy report will be sent using non-encrypted email.** It is your responsibility to ensure that this email is sufficiently secure and private, but as with all unencrypted email, I cannot guarantee that email correspondence is completely secure. If you are concerned about the security of email, please indicate a preference for your copy letter to be sent by Royal Mail by initialling the appropriate box in section 7 at the end of this letter. Please note however that security of the postal service equally cannot be guaranteed and I cannot accept any responsibility for correspondence falling into the wrong hands through no fault of mine or of my secretary.

4. Payment of fees

My invoicing and remittances are handled by Civica Medical Billing and Collection (CMBC). I will pass your name, date of birth, address, telephone number and email address where applicable to CMBC by secure email for this purpose only. No special or sensitive data (as defined by GDPR legislation) will be transferred.

- Self-funding patients.** Settlement of your account is due **within 15 calendar days** from the date of your appointment and payment must be made to CMBC. Please note that the swipe of your credit card taken at Spire when you arrive for your appointment **cannot** be used to pay your invoice. This swipe is required by Spire Hospital in case of tests or services provided directly to you by Spire such as scans or blood tests that I may request on your behalf and on which we will agree before I request them (see section 6. *Arranging and paying for tests provided by Spire Cambridge Lea*).
- Insured patients.** I am recognised by the following private medical insurers: BUPA, AXA PPP (incorporating Health-on-line and Simply Health), Aviva, Vitality Health, Alliance Surgical. Please note you are responsible for any fees not covered by your insurer.

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. If you have visited Spire Cambridge Lea previously, please check that the hospital has the correct details. CMBC will invoice your insurance company on my behalf.

5. Arranging and paying for tests provided by Spire Cambridge Lea

Special tests such as scans can be expensive. If I recommend that a special test is carried out, this can be paid for either using your insurance where applicable, or at your own expense. It is your responsibility to ensure that tests I recommend are covered by your particular insurance policy. If you are in doubt, I recommend that you contact your insurer before the test is requested and before having the test. For patients paying for their own tests, it is your responsibility to check with the provider of that test, usually Spire Cambridge Lea Hospital, to determine how much these tests will cost and are affordable. Settlement of the accounts for these tests is a matter for you and the provider of the tests and is entirely separate to my service to you. **I am not responsible for any financial queries, disputes or problems arising or relating to services provided to you directly by Spire Cambridge Lea over which I have no control.**

6. 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.

7. Communication Preferences

Please read the following carefully and indicate your preferences by **initialling** each box as appropriate:

I consent to my medical reports and test results being shared with any other health care professionals directly involved in my medical care, as deemed appropriate by Dr Worth, including but not restricted to my GP, specialist nurse, physiotherapist and other consultant specialist

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I consent to my medical reports, invoices, and test results being transferred where appropriate **by unencrypted email** to me and to the professionals directly involved in my care as outlined above. I understand that electronic security of these records cannot be guaranteed

☐

Please provide an email address to which you wish your report to be sent

Email Address.....

I wish to receive a copy of my medical report by Royal Mail only

☐

I do not wish to receive a copy of my medical report

☐

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8. Declaration

I, the undersigned, understand and agree to the terms and conditions laid out in this document, and by signing below, I agree to be bound by them.

Signed.....

Full name.....

Date of Birth

Date.....