**NON NHS SERVICES – PRIVATE WORK FEES**

The fees listed below are for services provided by a GP that are not covered by the NHS. Some services provided are not covered under our contract with the NHS and therefore attract charges. The fees charged are based on the British Medical Association (BMA) suggested scales.

**We DO NOT sign applications for passports or for photocard licence applications**

**All Fees are payable in advance by the patient**

|  |  |  |
| --- | --- | --- |
| **CERTIFICATES/FORMS/LETTERS** | **PRICE** | **PLEASE TICK** |
| Private Sick Note | 25.00 |  |
| Holiday Cancellation | 35.00 |  |
| Insurance Claim Form | 35.00 |  |
| Fitness to Travel/Drive/Exercise | 30.00 |  |
| Medication to Fly/Travel Letter | 15.00 |  |
| To Whom It May Concern Letter | 25.00 |  |
| Ofstead Report/Childminder Report | 35.00 |  |
| Employers Report – without examination | 65.00 |  |
| Employers Report - with examination | 130.00 |  |
| Blue Badge Form/Letter | 20.00 |  |
| Adoption/Fostering with Examination – Per Hour | 160.00 |  |
| Adoption/Fostering without Examination | 80.00 |  |
| Travel Card Form | 15.00 |  |
| Private Prescription – No charge for Viagra | 19.00 |  |
| Firearms/Shotgun Certificate | 30.00 |  |
|  |  |  |
| **POWER OF ATTORNEY** |  |  |
| Home Visit | 120.00 |  |
| Surgery | 95.00 |  |
|  |  |  |
| **TREATMENT ROOM SERVICES** |  |  |
| Private Smear Payable to the Health Centre and | 30.00 |  |
| Additional Fee Paid by personal cheque made payable to Spire Hospital | 52.78 |  |
|  |  |  |
|  |  |  |

Please tick which service you require. Please attach all paperwork or a written letter stating what information you require. Please note this work can take up to 14/21 working days to complete. The Practice will contact you when the request is ready to collect.

We take Cash or Card.

Request Date: ……………………………………

Name: ……………………………………………………………………….

Address: …………………………………………………………………….

Telephone Number: ……………………………………………………….

Date of Birth: ……………………………………………………………….

Fee Paid: …………………………………………………………………….

Patients Signature: …………………………………………………………

…………………………………………………………………………………………………………

**Office Use Only**

Payment Received: Cash/Card/Cheque (circle payment)

Payment Amount: …………………………………………………….

Payment Given to: ……………………………………………………

Signature of Receptionist: ……………………………………………

Date Given to Secretaries: …………………………………………..