**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 /Exercise/Drive (excl. DVLA medicals) |  30.00 |  |
| Medication to Fly/Travel Letter |  15.00 |  |
| To Whom It May Concern Letter |  25.00 |  |
| Ofsted Report/Childminder Report |  35.00 |  |
| Employers Report – without examination |  65.00 |  |
| Employers Report - with examination | 130.00 |  |
| Blue Badge Support Letter |  20.00 |  |
| Adoption/Fostering with Examination – Per Hour | 160.00 |  |
| Adoption/Fostering without Examination |  80.00 |  |
| Travel Card/ Bus Pass |  15.00 |  |
| Private Prescription – No charge for Viagra |  19.00 |  |
| Firearms/Shotgun Certificate |  30.00 |  |
| Private referral |  18.00 |  |
|  |  |  |
| **POWER OF ATTORNEY** |  |  |
| Home Visit | 120.00 |  |
| Surgery |  95.00 |  |
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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.

**PLEASE TURN OVER TO COMPLETE PATIENT INFORMATION**

We take Cash or Card.

Request Date: ……………………………………

Name: ……………………………………………………………………….

Address: …………………………………………………………………….

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

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

Fee Paid: …………………………………………………………………….

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

**Please provide additional information to support your request.**

**Office Use Only**

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

Payment Amount: …………………………………………………….

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

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

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