

## Undertaking To Pay Charges in Respect of Accommodation & Services For all Private Healthcare / Fee Paying Services AGREEMENT TO TERMS & CONDITIONS

Before completing this form you should read the explanatory notes (on reverse)

### Patient Details

Surname: \_\_\_\_\_ First names: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Tel no. (home): \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 NHS no.: \_\_\_\_\_ Casenote no: \_\_\_\_\_

### Patient's Representative/Guarantor's Details (if patient under 18)

Name & Address: \_\_\_\_\_  
 Relationship to Patient: \_\_\_\_\_

### Medical Insurance Details

If you have medical insurance cover, although The Leeds Teaching Hospitals NHS Trust may check whether your treatment/attendance requires pre-authorisation, you are advised that it is your responsibility to make sure this is done prior to any treatment or consultation commencing. If the insurance company cannot pay your invoice either in full or part you remain personally responsible for payment.

Name of Insurance Company: \_\_\_\_\_  
 Membership/Policy no: \_\_\_\_\_ Pre-authorisation no: \_\_\_\_\_

### Consultant

Name: Mr Almas Khan Specialty: Spinal Surgery

### Services to be provided/requested

Date(s) to attend or MDT discussion: \_\_\_\_\_

Details of the service: Fulcrum bending and stretch Xrays, Surface topography,  
Clinical photography for scoliosis correction

Indicative cost: £ \_\_\_\_\_

Consultant and anaesthetist professional fees are in addition to charges made by LTHT.

**THE AMOUNT SHOWN HERE IS AN ESTIMATE ONLY**  
*The total cost of your care may be more than indicated -please contact the Private Patient Team for more details.*

### Declaration

1. I the above named accept responsibility to pay full charges to The Leeds Teaching Hospitals NHS Trust for accommodation and services given to myself/the patient named on this form as a Private Patient. Such charges as may be determined under Sections 65, 66, 121 of the National Health Service Act 1977
2. I understand that such charges will cover for out-patient/diagnostic procedures, treatment, drugs, inpatient accommodation, and appliances/devices which may be required as part of the service.
3. I understand that the consultant has provided myself/the patient with a comprehensive indication of the likely total cost of charges before commencing treatment, but the actual and final charges will only be confirmed on invoice after treatment has been completed and that the invoiced charges may be materially different to the estimate given above. I acknowledge that I will be liable for increased or reduced costs of treatment as notified on invoice in comparison to the estimate given above and that I will be required to pay within 14 days all amounts due under this Agreement including the cost of any additional services, not part of the estimate, as a result of any additional treatment e.g. side effects of medicines.
4. If a third party, or insurer has agreed to pay my account or part of my account, I agree to pay any balance outstanding if the third party or insurer does not pay the account in whole or in part.
5. I also understand that such charges do not include any payment for the services of the medical/dental practitioner who is treating the patient or those of any other practitioner with whom I make private arrangements.
6. I am aware that care/treatment as a Private Patient does not guarantee any particular level of service from the Hospital or permit a higher standard of care than is available to any other patient.
7. I undertake to pay the Trust within 14 days all invoices I receive in respect of accommodation or services and understand that invoices will be sent following consultation, attendance or treatment.
8. I accept that the Trust may need to share information regarding my care with third parties related to the provision or administration of my care.
9. By signing this Undertaking to Pay charges form you represent and warrant that you are at least 18 years old, have read this form in its entirety and that all the information you have given us is correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**YELLOW COPY - TO PATIENT    BLUE COPY - TO PRIVATE PATIENTS OFFICE  
 WHITE COPY - TO CONSULTANT**

## The Leeds Teaching Hospitals NHS Trust's Undertaking To Pay Agreement explanatory notes for Private Patients

### TERMS & CONDITIONS

1. Data protection: The confidentiality of patient information is extremely important to us and it will only be disclosed to those involved with delivering your care, our service administration staff and to persons or organisations responsible for meeting your expenses where relevant. We will comply with all legal requirements including the Data Protection Act 1998 and clinical confidentiality guidelines.
2. Personal items and valuables: Please do not take any valuable items into the hospital. The Trust will not accept any liability for loss or damage to any personal items or valuables.
3. Complaints: Our team will do their best to make sure that your care and your experience with us is of the very highest standard. If you have any comments about our services or would like to complain about any aspect of your experience then we would like to hear from you and will deal with your concerns as quickly and thoroughly as possible. In the first instance issues may be raised with the team that is responsible for your care or with the Private Patient Team (contact details below). If for any reason you are dissatisfied with the response you receive you can contact the Patient Advice and Liaison Service (PALS) who may be able to provide additional help to resolve any concerns. PALS may be contacted on (0113) 20-66261.

### TERMS OF ADMISSION FOR IN, DAY AND OUT PATIENTS

1. This "Undertaking to Pay" form is given to you to read and sign before your hospital care/treatment begins. In this Agreement "LTHT", "Trust" means The Leeds Teaching Hospitals NHS Trust.
2. LTHT will provide accommodation, nursing and other services to you (the patient) at the request of the medical practitioner who is admitting you to hospital.
3. The accommodation and facilities afforded you by LTHT (other than medical involvement) are exactly the same as for an NHS patient.
4. By entering into this Agreement, you agree to pay for your Treatment. You will remain, principally liable for the payment of your Treatment. This form states that should your Medical Insurance Company/Representative or Guarantor refuse to pay for treatment of any kind or an extended length of stay is required you will be liable to pay all or part of the hospital and professional charges applicable to your treatment
5. Should you have any queries about any of the Terms & Conditions please telephone the Private Patient Team, where a member of staff will be available to help you.

### PAYMENT TERMS

1. The Trust requires all patients to pay for their care up-front or to provide proof of third party cover (if you have private medical insurance for instance) The Trust reserves the right to request interim payments for any care that is being provided over an extended period.
2. The Trust's charge account will be raised by the end of the month after each care episode and sent to you or your Guarantor. If insured, LTHT will invoice your Medical Insurance Company direct to relieve you of the worry. However, copies of the invoices can be provided for your records on request.
3. Payment of our invoice charges to you is expected within 14 days from the date of issue. Your Consultant will send a separate invoice to you where applicable.
4. Receipts for payment of invoices are available upon request. Additionally, a statement of your account is available at any time upon request, and also when the account is fully paid.

### PROFESSIONAL FEES

1. Consultant and anaesthetist professional fees are in addition to charges made by LTHT.
2. Professional fees may be charged by a patient's own medical or dental practitioner and you may agree to make similar arrangements for professional services by other practitioners at the hospital such as a Pathologist, Radiologist or Anaesthetist. This is a private matter between you and the practitioner(s) concerned. The Trust is not responsible for fixing these fees and if you have any queries you should discuss them with your consultant, doctor or dentist concerned. It is advisable to agree the level of fees in advance of any treatment you receive.

### INSURED PATIENTS

1. If you have Medical Insurance cover, please check with the company before treatment commences that you are fully covered for the intended Hospital attendance and/or treatment. Your insurance company will tell you if there are any aspects of your care/treatment, which they will not pay for. The onus remains with you to remit LTHT, if the Guarantor defaults on payment in full or in part (e.g. for any Insurance Policy excess clause).

2. Your insurance company requires pre-authorisation. Although the Private Patient Team may check before your care/treatment begins whether this is required, it is your responsibility to make sure this is done. A phone call to your insurance help line can clarify this.
3. If a third party, or insurer has agreed to pay your account or part of your account, any balance outstanding if the third party or insurer does not pay the account in whole or in part will be your responsibility and must be paid by you.

### SERVICES

1. Admitted Care  
Healthcare Resource Group 4 (HRG4) is the main currency of tariff payment for treatments. There are separate tariffs for: elective, non-elective and short stay emergency. Each include:
  - Accommodation in the Hospital, including Patient's meals;
  - Patient's nursing care;
  - Operating theatre charges;
  - Tests, treatments, and dressings a Patient may need during their stay in Hospital;
  - Essential medical or surgical equipment;
  - X-rays, scans and physiotherapy that the Patient requires during their stay in Hospital;
2. Outpatient Attendances  
Outpatient Attendances are split as First and Follow-Up (with a premium for the initial assessment). Initial assessments cover the consultant consultation, bloods, x-ray diagnostics and specialist top-ups  
  
Diagnostic imaging activities (excluding plain film x-rays) e.g. SPECT CT Scan is separately chargeable. There will also be a premium for multi-professional outpatient attendances.
3. Multi-Disciplinary Team Meetings (MDT) will be charged per discussion
4. Critical care services are separately chargeable as are discrete Allied Health Professional contacts.
5. High cost drugs, devices and procedure exclusions apply.

### GUIDE TO CHARGES

1. Details of LTHT's service charges are available on request from the Private Patient Team on: -

**Tel: (0113) 20-66912 or by**

**Email: [ppo.lth@nhs.net](mailto:ppo.lth@nhs.net) or in**

**Writing: Box 17, Trust Headquarters Post Room, St James's University Hospital, Beckett Street, Leeds LS9 7TF**

2. The total cost of your care will be made up from hospital charges and fees from private clinicians (such as the consultant and/or anaesthetist). In some cases you may receive individual invoices from each party, and you will be responsible for the payment of all such invoices. Your consultant is responsible for making sure that you understand the charges from your care providers, and for providing an estimate of the full cost of your care.
3. The actual total cost of treatment may depend on a number of factors, including any other conditions you may have. By entering into this Agreement, you agree to pay for all Treatment (and any other incidental treatment) received, in accord with the Trust's published Service Directory as a Private Patient. You will be liable for the increased or reduced costs of treatment as notified on invoice.
4. The Private Patient Team will write to you at your given address to confirm the estimated charges. Any other charges arising from your attendance at the Trust will also be invoiced after treatment has ended for payment in full.
5. LTHT's charges are set by the Trust and are reviewed annually on 1<sup>st</sup> April and any changes will come into effect on that date. The charges are based on an average cost of providing the accommodation or services to all patients and cannot be adjusted to take account of any differences in accommodation or services. While payment of the charge does not commit the Trust to provide a particular standard of accommodation or service every effort will be made to ensure that the accommodation and services are satisfactory.
6. You will be required to pay within 14 days all amounts due under this Agreement including the cost of any additional services, not part of the estimate, as a result of the additional treatment e.g. side effects of medicines, extra consultations. A refund for any excess amounts you pay to the Trust under this Agreement will be given to you once all treatment has been completed.
7. LTHT reserves the right to charge a cancellation fee if you cancel any treatment with the Trust within seven (7) days or less of your scheduled appointment or admission date.

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