

Annex A – Statement of costs pro forma

Section 1: Patient details

Surname		NHS number	
Forename		Title	
Date of birth		Address:	
Telephone no.		Postcode	

Section 2: Services requested

Service(s) requested	
Fee(s) applicable	
Total cost	
Additional costs	Please note that if the letter request takes longer than the time expected, additional charges may be requested.
Refund information	Refunds are applicable if the request is cancelled before having been completed. If the letter has been completed, the fee will be applicable even if the letter is no longer required.
Please note that certificates, forms and reports will usually be processed within 30 days, however this may be extended due to periods of high absence or other unforeseen circumstances. Payment is due before the service is provided.	



Section 3: For Finance

Patient Name:	Emis:
Payment by Cash/Cheque	£
Staff initials:	Date:



Patient Receipt:

Received: £ _____ Cash/Cheque Received by: _____ Date: __/__/__

Please note that certificates, forms and reports will usually be processed within 30 days, however this may be extended due to periods of high absence or other unforeseen circumstances. Payment is due before the service is provided.



Section 4: Patient declaration and signatures

I understand that the service(s) I have requested is/are not funded by the NHS and I accept the fee(s). I have been advised of any potential additional costs, the terms and conditions of the service and the circumstances in which a refund may be applicable. I consent to the release of medical information as detailed overleaf.

Patient signature and date	
Print name	
Staff signature and date	
Print name	

A copy of this completed pro forma is to be scanned and saved in the individual's healthcare record and a copy passed to the patient.