



LONDON FACIAL SURGERY

Cosmetic Appointments & Enquiries:

+44 (0)7534 771264

E: secretary@londonfacialsurgery.org

www.londonfacialsurgery.org



LONDON ENT ASSOCIATES

ENT Appointments & Enquiries:

+44 (0)7453 881588

E: secretary@londonentassociates.org

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AGREEMENT BETWEEN PATIENT & CLINICIAN (MR A. R. D'SOUZA)

Outpatient Appointment

Thank you for choosing to see me in my private clinic for your outpatient consultation. This letter sets out some important information that I am required by law to provide to you. This is for your information only and is not a bill. As this 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 in full.

Consultation and Fees

My fee for an initial consultation will not exceed £225 and my fee for any follow-up consultation will not exceed £145. The following are the charges that may be in addition to the consultation fee should I use any equipment in the clinic room during your consultation:-

Common outpatient procedures that may be necessary during consultation			
The following are the fees charged by the surgeon and payable to London Facial Surgery Ltd. Please note that the hospital (BMI/HCA/LYCA) may also make a separate charge for use and cleaning/sterilisation of the equipment			
(D1520) Microsuction of Ears	£107	(E1780) Diagnostic endoscopy of sinus	£91
(E0380) Nasal septum cauterisation	£117	(E2500) Diagnostic endoscopic examination	£167

Should you cancel your appointment with less than 24 hours' notice, a cancellation charge of up to 50% of the new or follow-up appointment fee may be charged. If you do not arrive for your appointment without prior notice you will be billed at 100% of the consultation fee.

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

We are happy to use email to provide answers to short queries but we are unable to deal with clinical queries. Emails are not intended to replace consultations to discuss and plan treatment options. Please be aware that if patients send multiple emails in relation to their management they will be asked to arrange an outpatient consultation.

Private Medical Insurance

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. I am recognised by the following private medical insurers: BUPA, BUPA INTERNATIONAL, AXA PPP (including SIMPLY HEALTH & HEALTH ON-LINE), AXA PPP INTERNATIONAL, AVIVA, ALLIANZ, VITALITY, WPA, CIGNA (UK, International and Global), THE EXETER, CS HEALTHCARE. Please do quote Mr D'Souza's GMC Number 4483926 when you contact your insurers.

If you have an excess built into your policy, you the patient, will be responsible for settling that directly with us. You will also be responsible for any balance that is due to London Facial Surgery Ltd if you have exceeded your annual allowance of insured benefits - **you the patient are responsible for any fees not covered by your insurer.**

Finally, we reserve the right to revert any outstanding balance on your account to you, the patient after 10 weeks of the original invoice if your insurer has failed to settle this account.

CARD TYPE: VISA DEBIT VISA CREDIT MASTERCARD (please note that we do not accept Amex)

Card Number Expiry Security Code

By Signing below you agree and accept the above terms and conditions

PATIENT NAME: (Block Capitals) Signature: Date:

Contact Email

Correspondence will be sent by email where possible, please provide us with your confidential email address. Emails will be sent unencrypted and by signing below you give us permission to email you:-

Patient Email: _____

Financial Interests

I am legally obliged to inform you that I have no financial interest in any of my private clinics, hospitals or equipment there. I can confirm I do not have any such financial interests, i.e. in any of my private practices.

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

MR. ALWYN D'SOUZA

MBBS, FRCS Eng, FRCSEd (Oto), FRCS (ORL-HNS), PGCertMedEd Consultant ENT / Head and Neck / Facial Plastic Surgeon

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