



The Bridge Clinic

The Bridge Clinic, 156-160 Bridge Road, Maidenhead, Berkshire, SL6 8DG.
Telephone: 01628 760900 Facsimile: 01628 760909
email: admin@bridge-clinic.com www.bridge-clinic.com

Registration Form

Patient's Surname: Other Names: Marital Status:

Occupation: Employer/School:

Ethnic Origin: Date of Birth: Gender:

UK Address:

..... Postcode:

Telephone: Home: Work: Mobile:

Next of Kin/Primary Carer: Name: Relationship:

Address:

.....

..... Postcode:

Telephone:

GP Name: Practice:

GP Address:

Consultant Name:

Uninsured Patients

Please note that you will be asked to complete a Self Paying Patient Form. Please refer to the clinic's price list for further information regarding costs, in advance of any treatment being provided.

Insured Patients

Insurance Company:

Pre-authorisation Number:

Membership Number:

Presenting Symptoms:

Please pre authorise your treatment with your Insurers in advance of any treatment being provided.

Please turnover the page...

Data Protection Notice

The confidentiality of patient information is of paramount concern to The Bridge Clinic. To this end, The Bridge Clinic fully complies with Data Protection Legislation and Medical Confidentiality Guidelines.

Medical Information will be kept confidential. It will only be disclosed to those involved with your treatment or care, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents. This data may be disclosed electronically.

Anonymised or aggregated data may be used by or disclosed to others, for research or statistical purposes.

Access to non-medical information may be granted by The Bridge Clinic to others on a strictly confidential basis in the course of, and for the purpose of, the efficient administration of The Bridge Clinic (for example; in connection with audit, systems development, managing or improving our services) and for enabling products and services which The Bridge Clinic considers may be of interest to you to be brought to your attention.

Information may be disclosed to others with a view to preventing fraudulent or improper claims.

Terms and Conditions

- 1 The Bridge Clinic will provide outpatient care at the request of the medical practitioner supervising your treatment. By accepting their request you are consenting to the care or treatment being provided.
- 2 If you are insured it is your responsibility to check that the full cost of your treatment is covered by your insurance company prior to any treatment being provided. Any invoices not settled by the insurers will become the responsibility of the patient.
- 3 Take home drugs and dressings are not usually covered by insurance companies. As such patients are asked to pay for these at the time of their appointment.
- 4 If you are a self funding patient it is your responsibility to clarify the cost of your treatment prior to any treatment or tests being undertaken. Please refer to the clinic's price list for further information.
- 5 Should any diagnostic tests or outpatient treatment be provided at The Bridge Clinic there will be a clinic fee for this. This includes the provision of blood tests, radiological investigations, outpatient procedures and follow up care such as dressings or removal of sutures and any take home drugs and dressings.
- 6 Please note that The Bridge Clinic charges are made in addition to those charges made by your Consultant. We advise that you check your Consultant's charges with them.
- 7 If you have had your procedure with another healthcare provider and are attending the Bridge Clinic for your follow up care, please note that any Bridge Clinic charges are made in addition to those that you or your Insurer have already been charged for the procedure. If you are insured, please confirm that your Insurer will cover the associated costs of your follow on care at the clinic.

Financial Agreement

- 1 I agree to pay for the services provided and understand what the associated costs will be.
- 2 If a third party or insurer has agreed to pay my account, I agree to pay any balance outstanding if the third party or insurer does not pay the account in full.
- 3 Insured Patients Only: I declare that my/the patient's general practitioner recommended the specialist treatment and that to the best of my knowledge and belief the information given on this form is true and complete. I authorise The Bridge Clinic to submit claims, including in electronic format, relating to my/the patient's treatment directly to my/the patient's insurer on my/the patient's behalf.

Signature (Patient or Representative): Date: