



## Cambridge Urology Partnership

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**Dr Simon Russell**  
**Mr Nimish Shah**  
**Mr Oliver Wiseman**

### Terms and Information about fees for Private Patients

By attending for consultation or treatment, you agree to our terms and to pay any fees or charges due to us for such consultation or treatment.

Following consultation or treatment we will send or give you an invoice for our professional fees. We require invoices to be settled within 14 days from the date of the invoice.

Charges may be paid by cheque, bank card or credit/debit card. In addition to our charges, the hospital may also invoice you for tests done using their equipment or for their services. They may have taken a swipe of their credit card, and may use this for payment due to them.

If you are insured and have supplied your insurance details, the invoice for our services will, in most cases, be sent directly to your insurance company on your behalf, unless you request otherwise. Should we need to invoice you directly, payment will be required within 14 days, irrespective of whether you have received reimbursement from your insurance company. Please ensure that we are kept up to date with any changes in your insurance details. On some policies there may be an excess to pay, and on others there may be a limit to your cover. You are responsible for ensuring that any charges arising due to policy limitations or excesses are paid. In all cases you will remain responsible for payment of our fees, including any amount which your insurance company declines to pay. You are strongly advised to confirm in advance with your insurance company that your consultation and any treatment required is covered and whether you have an excess on your policy.

### Information on Fees

- Unless otherwise advised, our consultation fees are as follows:

Initial consultation with Consultant Urologist	(20300)	£240
Follow-up consultation with Consultant Urologist	(20310)	£180

- Fees for special tests or minor procedures carried out in the outpatient clinic:

○ Flow rate and residual volume	£150
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Other fees and charges cannot always be anticipated but, if they are necessary, you will be advised of the fees on the day. If you would like to know the charge for any particular procedure in advance, please ask.

- Fees for procedures as a day patient or inpatient:

We will send you details of the procedure code and description of the anticipated service(s) in advance, together with our fees.

Anaesthetists fees, if applicable, are charged independently. The name and contact details of your anaesthetist will be provided on request.

Our fees for procedures and surgery are generally aligned with the benefits payable by most major UK insurance companies. However, this is not always the case and your insurance company may have its own scale of charges, which may differ. If there is a difference, you may be required to pay part or all of this.

- A charge may be made for appointments missed or cancelled without adequate notice.
- A charge may be made for completion of claim forms, or for medical or other reports requested in addition to our normal clinic or post-operative letters.

### Data Protection

Your medical records are held on paper files and administrative records and letters are held on computer. All reasonable steps are taken to keep these records secure and, other than to medical personnel directly involved in your care or for administrative purposes, information about you will only be passed to third parties with your consent.

If you provide an email address, we may use this to send you appointment details, letters, and other information. Unless you opt out (below), this may include letters containing clinical details.

If you have indicated that your treatment will be covered by insurance and your insurance company request to know your diagnosis, this will be provided unless you request otherwise. More detailed information will only be provided with your written consent.

We are registered in accordance with the Data Protection Act and you may obtain a copy of the records we hold about you on request. A fee may be charged.

### Agreement to Terms

Name of Patient ..... Date of Birth .....

Name of Person Signing (if different) .....

Relationship to Patient .....

Address .....

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I agree to these terms ..... Date .....

If you do not wish letters containing clinical information to be sent by email, tick here

If you do not wish to be added to our mailing list advising of new services and treatments, tick here