

PRIVATE SERVICE CHARGES

Type of Letter/Form/Record	Cost	Who Normally Pays
Computerised records		
Copies of computerised records only	No Charge	n/a
View computerised records	No Charge	n/a
View computerised records where the record has been added to within the last 40 days.	No Charge	n/a
Manual records or a combination of manual & computerised records	No Charge	n/a
Vaccination certificate	No Charge	n/a
Certificate, Letters and Forms		
Freedom from infection certificate 15-30 Minutes	£15	Patient
Fitness to exercise / travel letter 15-30 Minutes	£20	Patient
Holiday cancellation simple certificate One Page Form – 15-30 Minutes	£25	Patient / Insurance company
Holiday cancellation insurance claim form	£50	Patient / Insurance company
Health certificate /Fitness to attend school / university/ college / teacher & nurse training	£20	Patient / college / employer
Private sick note (any sick note within 7 days is private)	£20	Patient
Claim form (e.g. BUPA, Westfield) 15-30 Minutes	£20	Patient
Passport form	Not offered by the Partnership	n/a
School fees insurance claim form	£20	Patient
To Whom It May Concern Letter	£15	Patient
Solicitors		
Completion of Lasting Power of Attorney (LPA) or Court of Protection Form (COP3) including Visit if needed	£150	Patient/Solicitor
Capacity Assessment with Examination	£150	Patient/Solicitor

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Driving		
Car Accident Fee	£21.30	Patient
Multiple Sheet Form and Full medical & report (HGV, PSV, PCV, LGV)	£140	Patient or employer
Single Sheet Form	£40	
Local Authority PCV / LGV report	£90	Local Authority
Report (no examination) 30 minutes	£55	Patient
Report to DVLA (with examination)	To be determined by DVLA	DVLA Will only pay on receipt of Report
Report to DVLA (no examination)	To be determined by DVLA	DVLA Will only pay on receipt of Report
Taxi driver / elderly driver certificates single sheet	£30	Patient
Taxi driver / elderly driver certificates multiple sheets	£70	Patient
Driving licence photograph	Not offered by the Partnership	Patient
DVLA – seat belt exemption with medical	£50	Patient
Driving licence VOC certificate DVLA	£12.50	Patient
Driving Licence Series II pro-forma DVLA	£40	Patient
Employment		
Full medical with report	£140	Patient / employer Local Authority / NHS / Police
Report without examination (30 minutes)	£109	Patient / employer Local Authority / NHS / Police
Report on pro-forma (20 minutes)	£78	Patient / employer
Extract from records (no examination or opinion) (20 minutes)	£55	Patient / employer Local Authority / NHS / Police
Private Med 3 certificate (if employer /patient insists on certificate in first 7 days of illness) - 15-30 minutes	£20	Patient or Employer
Childminder OFSTED health declaration form	£87.50	Patient

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Attendance Allowance/ Disability Living Allowance/ adopting/fostering medical		
GP factual report	£33.50	Patient
Form DS1500	£17	Patient
Adoption Medical Forms - Form AH	£76.30	Patient/Agency
Adoption Medical Update/Review - Form AH2	£24.36	Patient/Agency
Personal		
Firearms Report	£75	Patient to pay before certificate is sent
DNA test and Private GP Appt	£63	Patient
Private prescription	£10	Patient
Private appointments	£25	Patient
CICA pro-forma (Criminal Injuries Compensation Authority)	£39	Patient
Insurance Company Reports		
Examination & Report: Sickness insurance Accident insurance Life Assurance proposal	£164 £164 £164	Patient / Insurance company
Report without examination: Sickness insurance Accident insurance Life Assurance proposal	£104 £104 £104	Patient / Insurance company
Extract from records / supplementary report: Sickness insurance Accident insurance Life Assurance proposal	£50 - £50 £50	Patient / Insurance company
Short certificate (for sickness or accident insurance)	£15	Patient / Insurance company

Notes:

Payment should be made by the responsible party/patient prior to receiving the chargeable service.

Patients/organisations should be charged consistently and appropriately according to the schedule /guidelines above.

Payment can be made by: -

- Cash – correct monies only
- Cheque (made payable to any GP Partner)
- Via bacs to Lloyds Bank, sort code 30-96-18; Account number 63609660; Account name Avenue House & Hasland Partnership. Please ask payee to quote initial and surname as reference on the bacs payment so the surgery can identify and link the payment.