



Fees for non-NHS work undertaken by GP on behalf of patient

(All fees are payable in advance as of 10th December 2024)

Letters, Forms & Certificates	Charges to patient	Payment Received
Short Letter		
• <i>Under 16yrs</i>	£20.00	
• <i>Over 16yrs</i>	£40.00	
Fitness to Travel	£40.00	
Fitness to Exercise	£40.00	
Holiday Cancellation		
• <i>Simple</i>	£40.00	
• <i>Complicated</i>	£85.00	
Insurance Claim Form		
• <i>Simple</i>	£40.00	
• <i>Complicated</i>	£85.00	
Freedom from Infection Cert	£40.00	
Shotgun / Firearm Certificate (Initial or renewal)	£40.00	
Other certificate		
• <i>Simple (e.g. Medical questionnaire)</i>	£40.00	
• <i>Complicated (e.g. Bupa medical form)</i>	£85.00	
Private Medical Examinations & Reports	Charges to patient	Payment Received
Private Consultation		
• <i>Nurse Practitioner</i>	£55.00	
• <i>Doctor</i>	£70.00	
Private Prescription (per item)	£30.00	
HGV/LGV/PCV/PHV Medical	£185.00	
Road Traffic Act Emergency Appointment	£21.30 (per person)	
Pro Forma Report (no examination)	£115.00	
Detailed Written Report no Examination (30 mins)	£170.00	
Comprehensive Examination & Report (40 mins)	£185.00	
Other or requiring longer time (per Hour)	£255.00	
VACCINATIONS for TRAVEL	Information at Reception	

Patient Name: _____ **Date request received:** _____

Date of Birth: _____ **Contact Tel No:** _____
(Please allow up to 28 days for completion)

I accept the charge(s) next to the ticked service(s) required to be paid by me (patient) unless by prior alternative arrangement. I understand that the Practice reserve the right to alter the fee payable if the requirements of the work undertaken differ to that expected at the point of submission of this form. Any difference in cost will be fully explained to me.

I confirm that I have been given sufficient time to consider the benefits, risks and costs of using the above requested service(s) and wish to proceed on that basis.

I, named above, hereby give consent for my medical practitioner at Eleanor Cross Healthcare to disclose details of my medical history to complete the attached form / request.

Signed		Date	
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Initials of receptionist: