

APPENDIX C:

**AGREEMENT TO PAY FORM
NHS Chargeable Overseas Visitor**

To be completed by the Patient or their representative, in block capitals:

Name of Patient:

Date of Birth:.....

UK Address:

.....

Home Address:

.....

Name of person giving undertaking:

.....

UK Address:

.....

Home Address:

.....

Relationship to Patient:

.....

I accept liability for payment of the charges determined by Salisbury NHS Foundation Trust for accommodation, treatment, investigations and all other services provided to me as a patient, including all diagnostic tests, procedures, treatment and appliances carried out resulting from this hospital course of treatment.

I accept that the Trust reserves the right to require payment of its charges in advance and terms and conditions as enclosed.

Signed:

Date:

Witnessed:

Status:

Do you have Private Health Insurance?

Yes No

If YES please fill in the details below:

Policy No:

Authorisation Code:

Insurance Company:

.....

Address:

.....

.....

Telephone:

In the event of non-payment or a payment shortfall, under the terms of the patient's medical insurance agreement, I undertake to settle the outstanding balance upon request.

Please return to the Private and Overseas Patient Department, Salisbury NHS Foundation Trust, Odstock Road, Salisbury. SP2 8BJ.

sft.overseaspatients@nhs.net or 01722 336262 ext 2420

APPENDIX C (Cont.)

TERMS OF BUSINESS FOR NHS CHARGEABLE OVERSEAS VISITOR

Introduction

Following completion of a Pre-Attendance Form (Appendix 2) the patient has been deemed to be chargeable and the Trust is required under the provisions of section 175 of the National Health Service Act 2006 and other statutes and NHS regulations to make charges in respect of Overseas Visitors.

General Information

A written undertaking to pay the charges must be given before a patient can be treated as an Overseas Visitor. The hospital charges used are the nationally agreed [NHS tariff](#).

Insured Patients

If you are insured you must indicate your insurance details on your Agreement to Pay Form, retaining one copy only for your records.

You should note that being insured does not mitigate your liability as an individual to pay for any and all treatment given by the Trust should your insurer, for whatever reason, not agree to reimburse the Trust in respect of any and all charges levied by the Trust for your care.

You should check with your insurer that the policy you hold with your insurer covers you for the treatment that you require. Some insurance companies will provide you with an authorisation number for each episode of treatment, which you should indicate on the Agreement to Pay Form.

Where you are covered by an insurer, the Trust will expect that you pay any and all charges not covered by your policy and/or which your insurer refuses to pay for within 14 days of the date of the Trust's invoice.

Non-insured Patients

If you have elected to pay for the treatment yourself then you must indicate this on the Agreement to Pay Form.

Methods of Payment

Paying by cheque: Cheques should be made payable to 'Salisbury NHS Foundation Trust' and crossed account payee only. You should send your cheque in the envelope with your Agreement to Pay Form.

Paying by debit/credit card: Debit/credit card payments should be made to Parkside ward by phone or through personal visit. Please ensure that you have your card details available including the card company, card number, card expiry date, security code and the full name and address of the person listed on the card.

Queries

If you do have any queries please do not hesitate to contact the Private and Overseas Patient Team on sft.overseaspatients@nhs.net or 01722 336262 ext 2420.