

# Patient information

## Personal details

TITLE ..... NAME ..... SURNAME ..... **MALE**  **FEMALE**

D.O.B         TEL ..... EMAIL\* .....

COMPANY ..... POSTCODE .....

ADDRESS .....

..... POSTCODE .....

**I am happy to receive confidential clinical correspondence via email**

**YES**  **NO**

\*Your Email address is intended for the purpose of sending any confidential clinical correspondence to you following your consultation. If you would prefer for your clinical correspondence to be posted to you, please let us know. From time to time we may also send you any relevant Sports Medicine information which you can unsubscribe from at any time.

## How were you referred to Pure?

**CONSULTANT**     **INSURER**     **SEARCH ENGINE**     **NAME OF REFERER** .....  
**GP**     **COLLEAGUE**     **SOCIAL MEDIA**  .....  
**PHYSIO / OSTEO**     **FRIEND / FAMILY**     **OTHER**  .....

## Medical details

NAME OF GP / PRACTITIONER .....

PRACTICE ADDRESS .....

..... POSTCODE .....

**I am happy to consent to Pure Sports Medicine contacting my GP.**

**YES**  **NO**

**HEALTH INSURANCE PROVIDER**  
**BUPA**     **OTHER INSURER\***     **MEMBERSHIP NO.** .....  
**AXA PPP**     \*Name .....    **PRE-AUTHORISATION NO.** .....  
**CIGNA**     .....    **NO. OF TREATMENTS AUTHORISED** .....

## Payment details

NAME ON CARD .....

CARD NO.     -     -     -

EXPIRY DATE

**VISA / VISA DEBIT**   
**MASTERCARD**   
**AMERICAN EXPRESS**

I hereby authorise my debit / credit card to be debited for fees and expenses not covered by my health insurance provider (see overleaf for full details), this includes any cost share arrangements (please check your policy).

NOTE: Please bring along to your appointment (where appropriate); Referral letter, scans & reports, shorts and trainers (especially for lower limb injuries). Please read the terms & conditions overleaf and confirm you understand and agree to them by signing them where indicated.

# Terms and conditions

## MEDICAL INSURANCE AND PAYMENTS

We are usually happy to invoice those private medical insurers with whom we are contracted, although this will not affect your liability as responsible for the payment of our fees in full. In order to take advantage of this service you will need to provide us with your insurance membership / policy number and a valid pre-authorisation code. We will also need your credit / debit card details at the time of booking.

Please note that even if you have private medical insurance, it may not cover all our fees and expenses. Certain treatments and items may not be covered by your insurer, or there may be an excess payable. We will require that you pay any balance if your insurance company does not cover the full cost of treatment. If we receive notification from your Insurer that you have an excess on your policy, or your funds have been exhausted, or they refuse to pay any outstanding fees in full for any reason, these fees will be charged directly to your debit / credit card.

If your insurance company operates a 'Cost Share' arrangement with you, we will automatically take this payment from the card details you provide to us as soon as we are notified about the arrangement and thereafter on the day of subsequent appointments and a receipt will be emailed directly to you.

Further, if your insurer has not paid us in full within 30 days, we will require payment from you directly and reserve the right to debit your credit or debit card accordingly. We will provide you with a receipt to reclaim this charge from your insurer, and you should contact your insurer directly if you have any queries at all with regards your claim.

## DIRECT PAYMENTS

If you are not covered by one of the insurance companies that we invoice directly you will be required to pay the full cost of your treatment on the premises at the time of each appointment. Payment can be in cash or by card. We will provide you with a receipt to reclaim this charge from your insurer.

A range of pre-paid treatment packs are available for some services, please ask reception for further details, all pre-paid treatments are valid for a period of 12 months from their date of purchase.

## LATE PAYMENT

We charge interest on late payments at 2% a year over the base rate of Royal Bank of Scotland. You will be liable for all costs of collecting or enforcing payment from you. We may cancel or suspend treatment if our fees and expenses are not paid in full when due. If you have any questions relating to our fees or claiming Medical Insurance please contact: Susan Murran, the Operations Manager: susan.murran@puresportsmed.com.

## CANCELLATION POLICY

We require at least 24 hours notice from you if you need to cancel an appointment. For appointments with our Strength and Conditioning or Nutrition team, the cancellation notice period is 48 hours. For appointments with Professor Hakan Alfredson, the cancellation policy is 72 hours. Appointments cancelled within these time frames will be charged at full value.

## REFERRALS

Occasionally we may refer you to a third party for further treatment or imaging. We will send a referral letter to that third party and you will be responsible for arranging your appointment with them. You will be bound by the terms and conditions of that third party and we undertake no liability with respect of that third party.

## CONSENT TO TREATMENT

We are aware that many medical and therapeutic problems, procedures and treatments can be confusing for patients. It is important that you fully understand our diagnosis and recommendations, the procedures and treatments that may be involved, and their likely effects. We make every effort to ensure that we communicate effectively, but please make sure you ask us if you are uncertain of anything or would like any further information. You must make us aware of any factors that could affect your treatment or our diagnosis. A copy of correspondence will be sent to your GP unless you state otherwise.

## CONSENT TO OUR USE AND DISCLOSURE OF YOUR DATA AND HEALTH RECORDS

Pure Sports Medicine operates in accordance with the Data Protection Act 1998. Your medical records will be stored electronically and accessed by authorised personnel only. Disclosures may be made to health professionals, including your GP and any third party that needs access to them to provide, for example, imaging services. Pure Sports Medicine may use your medical information on an anonymous basis for teaching, research and audit purposes.

By signing our terms you are consenting to us handling your personal data, including your health records, and to the uses referred to above. Please ask us for more information with regards data protection, your health records and related rights if you are unsure.

## OUR LIABILITY

We do not accept liability for loss of, or damage to, patients' personal possessions while in our clinics unless the loss or damage can be proved to have been caused by an employee of Pure Sports Medicine. We do not accept liability for death or personal injury unless proved to have been caused by the negligent act or omission of Pure Sports Medicine or its employees. Your statutory rights are not affected.

I agree to the terms and conditions of  
Pure Sports Medicine.

YES

## Patient signature

I have read and understood, and I agree to, the above Terms and Conditions including the conditions relating to payment of fees. I understand I may decline any treatment procedures and I agree to ask for further information when I am unsure

NAME ..... SIGNATURE ..... DATE 

D	D	M	M	Y	Y	Y	Y
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