

## Undertaking To Pay Charges in Respect of Accommodation & Services AGREEMENT TO TERMS & CONDITIONS

Before completing this form you should read the explanatory notes (on reverse)

**Patient Details**

Surname: \_\_\_\_\_ First names: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Country of Residence: \_\_\_\_\_  
 Tel no. (home): \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 NHS no.: \_\_\_\_\_ Casenote no: \_\_\_\_\_

**Patient's Representative/Guarantor's Details (if invoice to be sent and paid by another person)**

Name & Address: \_\_\_\_\_  
 \_\_\_\_\_ Tel no: \_\_\_\_\_  
 Relationship to Patient: \_\_\_\_\_

**Medical Insurance Details**

If you have medical insurance cover, although The Leeds Teaching Hospitals NHS Trust may check whether your treatment/attendance requires pre-authorization, you are advised that it is your responsibility to make sure this is done prior to any treatment or consultation commencing. If the insurance company cannot pay your invoice either in full or part you remain personally responsible for payment.

Name of Insurance Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Membership/Policy no: \_\_\_\_\_ Pre-authorization no: \_\_\_\_\_

**Consultant**

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

**Services to be provided/requested**

Date(s) of LTHT's service (attendance/treatment/test/procedure/medicine/device): \_\_\_\_\_  
 Details of the service (attendance/treatment/medicine): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Estimated charges**

LTHT's costs for the service(s) described above are estimated to total: £ \_\_\_\_\_  
Consultant and anaesthetist professional fees are in addition to charges made by LTHT unless your treatment is covered by the NHS (Charges to Overseas Visitors).

**Declaration**

1. I the above named accept responsibility to pay full charges to The Leeds Teaching Hospitals NHS Trust for accommodation and services given to myself/the patient named on this form as a Private Patient/Overseas Visitor. Such charges as may be determined under Sections 65, 66, 121 of the National Health Service Act 1977 and the NHS (Charges to Overseas Visitors) Regulations 1969 (as amended).
2. I understand that such charges will cover for out-patient/diagnostic procedures, treatment, drugs, inpatient accommodation, and appliances/devices which may be required as part of the service.
3. I understand that the consultant has provided myself/the patient with a comprehensive indication of the likely total cost of charges before commencing treatment, but the actual and final charges will only be confirmed on invoice after treatment has been completed and that the invoiced charges may be materially different to the estimate given above. I acknowledge that I will be liable for increased or reduced costs of treatment as notified on invoice in comparison to the estimate given above and that I will be required to pay within 14 days all amounts due under this Agreement including the cost of any additional services, not part of the estimate, as a result of any additional treatment e.g. side effects of medicines.
4. If a third party, or insurer has agreed to pay my account or part of my account, I agree to pay any balance outstanding if the third party or insurer does not pay the account in whole or in part.
5. I also understand that such charges do not include any payment for the services of the medical/dental practitioner who is treating the patient or those of any other practitioner with whom I make private arrangements.
6. I am aware that care/treatment as a Private Patient / Overseas Visitor does not guarantee any particular level of service from the Hospital or permit a higher standard of care than is available to any other patient.
7. I undertake to pay The Leeds Teaching Hospitals NHS Trust within 14 days all invoices I receive in respect of accommodation or services and understand that invoices will be sent following consultation, attendance or treatment.
8. By signing this Undertaking to Pay charges from you represent and warrant that you are at least 18 years old, have read this form in its entirety and that all the information you have given us is correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

**PINK COPY - TO PATIENT    BLUE COPY - TO PRIVATE PATIENTS OFFICE  
WHITE COPY - TO CONSULTANT**

## The Leeds Teaching Hospitals NHS Trust's Undertaking To Pay Agreement explanatory notes

### TERMS OF ADMISSION FOR IN, DAY AND OUT PATIENTS

1. This "Undertaking to Pay" form is given to you to read and sign before your hospital care/treatment begins.
2. In this Agreement "LTHT", "Trust" mean The Leeds Teaching Hospitals NHS Trust.
3. LTHT will provide accommodation, nursing and other services to you (the patient) at the request of the medical practitioner who is admitting you to hospital.
4. This form states that should your Medical Insurance Company/Representative or Guarantor refuse to pay for treatment of any kind or an extended length of stay is required you will be liable to pay all or part of the hospital and professional charges.
5. If an overseas visitor is charged for NHS care under the Regulations, the consultant may not charge a fee. Overseas visitors seeking treatment in our NHS hospital may, if required and the Consultant agrees, be treated as a Private Patient.
6. Should you have any queries about any of the Terms & Conditions please telephone the Private Patient Office, where a member of staff will be available to help you.

### PAYMENT TERMS

1. The Trust reserves the right to ask for a full deposit, or confirmation of payment by a Medical Insurance Company prior to the commencement of any treatment.
2. LTHT's charge account will be raised by the end of the month after each care episode and sent to you or your Guarantor.
3. If insured, LTHT will invoice your Medical Insurance Company direct to relieve you of the worry. However, copies of the invoices can be provided for your records on request.
4. Payment of our invoice charges to you is expected within 14 days from the date of issue. Your Consultant will send a separate invoice to you where applicable.
5. Receipts for payment of invoices are available upon request. Additionally, a statement of your account is available at any time upon request, and also when the account is fully paid.

### PROFESSIONAL FEES

1. Consultant and anaesthetist professional fees are in addition to charges made by LTHT unless your treatment is covered by the NHS (Charges to Overseas Visitors).
2. Professional fees may be charged by a patient's own medical or dental practitioner and you may agree to make similar arrangements for professional services by other practitioners at the hospital such as a Pathologist, Radiologist or Anaesthetist. This is a private matter between you and the practitioner(s) concerned. The Trust is not responsible for fixing these fees and if you have any queries you should discuss them with your consultant, doctor or dentist concerned. It is advisable to agree the level of fees in advance of any treatment you receive.

### INSURED PATIENTS

1. If you have Medical Insurance cover, please check with the company before treatment commences that you are fully covered for the intended Hospital attendance and/or treatment. Your insurance company will tell you if there are any aspects of your care/treatment, which they will not pay for. The onus remains with you to remit LTHT, if the Guarantor defaults on payment in full or in part (e.g. for any Insurance Policy excess clause).
2. Your insurance company requires pre-authorisation. Although the Private Patients Office may check before your care/treatment begins whether this is required, it is your responsibility to make sure this is done. A phone call to your insurance help line can clarify this.
3. If a third party, or insurer has agreed to pay your account or part of your account, any balance outstanding if the third party or insurer does not pay the account in whole or in part will be your responsibility and must be paid by you.

### SERVICES

1. Admitted Care  
Healthcare Resource Group 4 (HRG4) is the main currency of tariff payment for treatments. There will be three tariffs for inpatient/day case activity:  
- elective  
- non-elective  
- short stay emergency  
  
High cost drugs, devices and procedure exclusions apply.
2. Outpatient Attendances  
Outpatient Attendances are split as First and Follow-Up (with a premium for the initial assessment).  
  
Diagnostic imaging activities (excluding plain film x-rays) e.g. SPECT CT Scan is separately chargeable. There will also be a premium for multi-professional outpatient attendances.  
  
Initial assessments cover the consultant consultation, bloods, x-ray diagnostics and specialist top-ups
3. Other services  
Critical care services are separately chargeable as are discrete Allied Health Professional contacts.

### GUIDE TO CHARGES

1. Details of LTHT's service charges are available on request from the Private Patients Office on: -  
  
Tel: 0113 20-66912, 0113-2064839, 0113 20-64389 or by  
  
Email: PrivateAndOverseas-Patients@leedsth.nhs.uk or in  
  
Writing: Trust Headquarters, St James's University Hospital, Beckett Street, Leeds LS9 7TF
2. These charges are in respect of fees payable to LTHT only and are separate/in addition to any professional fees you may be paying privately to a medical or dental practitioner.
3. LTHT's charges are fixed by the Trust and are reviewed annually. The charges are based on an average cost of providing the accommodation or services to all patients both Private and NHS. The charge cannot be adjusted to take account of any differences in accommodation or services. While payment of the charge does not commit the hospital to provide a particular standard of accommodation or service every effort will be made to ensure that the accommodation and services are satisfactory.
4. Charges are reviewed annually on 1<sup>st</sup> April and any changes will come into effect on that date.
5. Charges will be made for each attendance and will be invoiced at the applicable tariff rates the month following treatment in accord with LTHT's published service directory as a Private Patient / Overseas Visitor and it is expected that you will continue to be treated on this basis for the whole of the diagnosis and treatment of the condition for which you are attending the hospital.
6. Your Consultant is responsible for providing you with an estimate of the amount of the Hospital's charges for the planned care/treatment. Please note however, that this is only an estimate and LTHT invoiced Hospital charges will be in accord with the respective rates set out in the Trust's Hospitals service directory and will be based on the actual services provided. The Private Patients Office will write to you at your home address to confirm the estimated charges. Any other charges arising from your attendance at the Hospital will also be invoiced after treatment has ended for payment in full.
7. Your actual and final charges will only be confirmed on invoice by the end of each month after treatment has been given. You should note that the invoiced charges may be materially different to the estimate of charges given overleaf. You will be liable for the increased or reduced costs of treatment as notified on invoice. Your Consultant will also notify you of any planned increases in ongoing fees with sufficient time that you can consider whether you wish to continue with treatment.
8. You will be required to pay within 14 days all amounts due under this Agreement including the cost of any additional services; not part of the estimate, as a result of the additional treatment e.g. side effects of medicines, extra consultations. If you wish to clarify any aspect of the invoiced charges please contact the Private Patient Office, as per note 1 above. A refund for any excess amounts you pay to the Trust under this Agreement will be given to you once all treatment has been completed.