

**Ashley Wing**

**St James’s Hospital**

**Beckett Street**

**Leeds LS9 7TF**

E-mail: leedsth-tr.genlabadmin@nhs.net

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| **PRIVATE PATIENTS PAYMENT FORM**  Please complete this form and send it with the Genetic Test Request Form. |

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| **Section 1 - Details of individual paying for test:**  Surname:  Forename(s):  Address: Postcode:  Email: Mobile No: |

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| **Section 2 - Details of patient being tested (if not as above):**  Surname:  Forename(s): DOB:  Email: Mobile No: |

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| **Section 3 - BILLING & PAYMENTS:** |
| Once we have received the request for testing we will send you details of how you can make your payment. Please indicate method for receipt of payment instructions:  Letter [ ] E-mail [ ]  Do you require a letter of confirmation of payment for your Insurance Company:  YES [ ] NO [ ] *If yes, please complete the details below*  **Name of Health Insurance Company:**  Address:  Membership/Policy No:    The confirmation of payment will be forwarded to the address or email address in section 1.  **Please note results will not be issued to your referring clinician until payment has been received in full.** |

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| **Laboratory use only:**  Reference No: **G** Test requested: Invoice sent:  Lab sample No: Charge: Payment received: |

http://www.leedsth.nhs.uk/a-z-of-services/the-leeds-genetics-laboratory