

FRAMLINGHAM MEDICAL PRACTICE LTD
Non-NHS Fees at April 2017

| Type of Work | Gross |
|---|--------|
| Access to Medical Records under the Data Protection Act | |
| Computerised Records | 10.00 |
| Manual records or combination manual/computer records | 50.00 |
| Insurance Reports | |
| Holiday cancellation - insurance form completion | 36.00 |
| Private medical insurance claim - simple form | 30.00 |
| Private medical insurance claim - complex form/report | 43.00 |
| Provision of medical letter to assist with medical claim | 43.00 |
| Detailed written report for insurance purposes from notes (GPR) | 104.00 |
| Supplementary insurance questionnaire from GPR report | 27.00 |
| Insurance medical examination and report | 175.00 |
| Certificates without an examination | |
| Private sick note/certificate of incapacity | 18.00 |
| Fitness to travel | 36.00 |
| Fitness to attend school for an exam | 36.00 |
| Fitness to take part in a sport | 36.00 |
| Examination and Report fees | |
| Extract from records - for patient, employer, education or 3rd party | 72.00 |
| Full report (no examination) - for patient, employer, education or 3rd party | 150.00 |
| Full examination and report - for patient, employer, education or 3rd party | 216.00 |
| Army pre-employment form | 78.00 |
| Driving/Transport | |
| HGV, PSV, Taxi driving & Flying – medical and/or report to determine fitness to hold a driving or pilot licence | 150.00 |
| Elderly driver fitness certificate (registered patients only) | 150.00 |
| DWP DS1500 completion | 17.00 |
| DWP reports : Ill-health, incapacity benefit, pre-employment, disability living allowances, attendance allowance and fitness for work | 33.50 |
| DVLA fitness to drive report | 40.00 |
| Childcare/Adoption/Fostering | |
| Childminders report for Ofsted (Health Declaration HDB) | 90.00 |
| Adoption - Initial Health Assessment (IHA) re healthcare plan for child | 58.50 |
| Adoption - forms C, D, Y, P or AME for child | 73.86 |
| Adoption/fostering - Adult Health Assessment (AH) re prospective carer | 73.86 |
| Adoption/fostering - Update Report (AH2) re carer | 25.00 |
| Solicitors fees (see also examination and report fees) | |
| Court of protection forms CP3 and CP7 - no examination | 90.00 |
| Assessment of capacity and completion of Power of Attorney | 180.00 |
| Letter to confirm health for court proceedings | 48.00 |
| Other fees | |
| Private Consultation per 10 minute appointment | 50.00 |
| Passport/Driving licence/Shotgun certificate countersigning/Power of Attorney witness | 30.00 |
| Character reference | 42.00 |
| To whom it may concern letter - medical | 25.00 |
| Coroner's report | 60.00 |
| Letter in respect of homelessness/housing claim | 25.00 |

CHEQUES SHOULD BE MADE PAYABLE TO FRAMLINGHAM MEDICAL PRACTICE LTD

FRAMLINGHAM MEDICAL PRACTICE
Non-NHS Fees at April 2017

| Type of Work | Net | VAT at 20% | Gross |
|---|--------|---------------|--------|
| Private Diagnostic Tests | | | |
| ECG | 60.00 | exempt | 60.00 |
| Blood Test | 35.00 | exempt | 35.00 |
| HIV blood test using supplied kit (includes counselling) | 50.00 | exempt | 50.00 |
| DNA paternity test (blood test using supplied kit) | 25.00 | 5.00 | 30.00 |
| Private Vaccination Fees | | | |
| Private Prescriptions – Dispensing Fee | 6.00 | 1.20 | 7.20 |
| Hepatitis B vaccination - single | 30.00 | exempt | 30.00 |
| Hepatitis B vaccination - course of 3 including blood test | 110.00 | exempt | 110.00 |
| Private travel vaccination fees and medication | | | |
| Freedom from infection certificate | 20.00 | exempt | 20.00 |
| Yellow fever consultation & issue of exemption certificate | 20.00 | exempt | 20.00 |
| Yellow fever consultation & vaccination | 60.00 | exempt | 60.00 |
| Rabies – course of 3 injections | 210.00 | exempt | 210.00 |
| Rabies – single injection | 70.00 | exempt | 70.00 |
| Tick Bourne Encephalitis - course of 3 injections | 150.00 | exempt | 150.00 |
| Japanese Encephalitis - course of 2 injections | 230.00 | exempt | 230.00 |
| Meningitis ACWY | 50.00 | exempt | 50.00 |
| Other medication please speak to dispensary | | | |
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| CHEQUES SHOULD BE MADE PAYABLE TO FRAMLINGHAM MEDICAL PRACTICE | | | |
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| BANK DETAILS | | | |
| SORT CODE 20 98 07 | | | |
| ACCOUNT NUMBER 90962392 | | | |