

Mr Simon C Ellis MA FRCS (Orth)
Consultant Orthopaedic Surgeon

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PRIVATE AND CONFIDENTIAL

8 February 2018

Patient Name
Address
Postcode

Dear Patient Name

Outpatient Appointment

Thank you for choosing to see me at **(name of hospital)** on (date of appointment) at (time of appointment) for your outpatient consultation. This letter sets out some important information that I am required by law to provide to you. This is for your information only and is not a bill. As it includes information about my charges, if you do not have private medical insurance but someone else will be paying your bill, you may wish to pass a copy of this letter to them. Please note that even if someone else is paying your bill or you have private medical insurance, you are responsible for paying any charges which they do not pay.

Consultation Fee

My fee for an initial consultation will not exceed £225 and my fee for any follow-up consultation will not exceed £175. These estimates are correct as at the date of this letter. Should you cancel your appointment with less than hours' notice, a cancellation fee of an amount of £100 (initial consultation and follow-up consultation) may be charged.

Following your consultation, you may need certain tests (such as blood tests or imaging, for example an x-ray, MRI or CT scan) to help me diagnose your condition. If the test is undertaken by the hospital, and not by me, the fees for those tests will be determined by the clinic or hospital and charged to you, or your private medical insurer, separately.

If there are any fees which I will charge in relation to any of the tests I advise that you have, I will let you know what those will be. You are responsible for your fees which may or may not be fully covered by your private medical insurer.

Private Medical Insurance

If you have private medical insurance, please contact your insurer before your consultation, to check the terms of your policy, particularly the level and type of outpatient cover you have, including any reimbursement limits on individual consultation fees. Mr Ellis charges within the guidelines agreed with your insurance company and you will not incur a shortfall.

I am recognised by the medical insurers listed at the end of this letter.

Financial Interests

I am legally obliged to tell you if I have any financial interest in the hospital, clinic or any equipment there. I can confirm I do not have any such financial interests.

Quality Information

You can compare independent information about the quality of private treatment offered at the hospital and other private health care providers from the Private Healthcare Information Network (PHIN) website: www.phin.org.uk

Please initial one copy of this letter to confirm that you understand and accept these terms and kindly return to me either before or when we meet.

I look forward to welcoming you to the (Name of Hospital).

Yours Sincerely

Victoria Smith on behalf of

Mr Simon Ellis, FRCS(Orth) Consultant Orthopaedic Surgeon

I am recognised by the following private medical insurers:

Allianz Global Assistance

Allianz Partners

Aviva

Aviva Healthcare

AXA PPP

AXA PPP International

BUPA

BUPA International

CIGNA

Cigna International

CS healthcare

Exeter Friendly Society

Healix Health Services

International SOS

Norwich Union Healthcare

Permanent Health Company

PMI Health Group

Vitality

WPA