Central Surgery Oadby - Private work payment forms

Patient Private Work Charges – March 2025

All charges are subject to change upon review by the completing GP. You will be contacted if there is a change to the price.

A non-refundable deposit will be taken at the time of your request.

Type	Guide Time	Guide Price	DEPOSIT
Statement of fact from record and signed by GP eg bus form	15-30 mins	£50-£75	£40
'To whom it may concern' letter by GP	15-60 mins	£50- £100	£40
Private sick note (incapacity certificate – not for SSP purposes)	15-30 mins	£50- £100	£40
Accident or sickness insurance **certificate** (without examination) e.g., Cancellation of holiday etc	30-60 mins	£80 -£150	£70
Freedom from infection certificate, e.g., for school, travel, or employment	15-30 mins	£75- £100	£40
Insurance **form** e.g., Travel, Aviva insurance, BUPA form	60 mins	£150- £200	£70
Health club brief written report to certify that a patient is fit for exercise	15-30 mins	£50- £100	£40
Student or school forms	15-30 mins	£50- £100	£40
Travel insurance forms for fitness to travel	30 - 60 mins	£50- £100	£40
DVLA medical examination report – Group 2	60 + mins	£200	£70
HGV/ Taxi form	60 + mins	£200	£70
Adoption/Fostering form	60 + mins	£200	£70
Firearms application	60 + mins	£200	£70
Mental Health Capacity forms	**WE DO NOT CARRY OUT THESE ASSESSMENTS**		

All prices have been provided through the BMA website:

https://www.bma.org.uk/pay-and-contracts/fees/fees-for-gps/what-to-charge-your-patients-guide-for-gps

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Please fill out the details below confirming what you are handing in and what you are requesting

Patient Details:

Full Name: ……

Date of Birth: ……

What are you requiring from the GP?:

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Before we can accept your request and payment, we would like to take this opportunity to clarify the following:

- We are not obliged to complete this type of work under our GMS contract with the NHS and as such a fee will be requested- please see attached fees guidance, final fee will be decided by the clinician completing the report and you will be advised of the total fee before we proceed.
- This type of work is referred to as private work and whilst we aim to provide the information requested within 6 weeks of receiving full payment, we cannot guarantee timescales as private work may need to be delayed sure to our priority clinical workload
- Time sensitive requests cannot be guaranteed
- We require a **deposit** to be paid when handing in this form (excluding Council Tax Exemption forms). This will be deducted from the final amount to pay once the clinician has reviewed your request.
- Once the deposit has been paid, it is **non-refundable** under any circumstances
- Appropriate consent will be needed if you are applying for this information on behalf of someone else

If you are happy for us to proceed with your request, please sign the bottom of this letter to confirm your acceptance and return it to us with the stated deposit.

Signed by Patient: …… Date: ……

Email Address: …… Contact Number: ……..

DEPOSIT PAID [state amount]: £…… **For office use only**

Manager Initials: …… **Date: ……**