Dear .....

## Next steps

Thank you for coming to see me at Cardiff and Vale UHB for an 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 this 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.

## Tests and their Cost

My fees for carrying out the tests I have recommended above are as follows:.....

As the tests I have recommended are undertaken by the ......hospital and not by me, then the fees for those tests will be determined by the .....hospital and charged to you, or your private medical insurer, separately. Sometimes other consultants will also be involved in those tests (an example being a radiologist reporting on an MRI scan), with their fees being included in the fee the ......hospital charges to you. Some of the tests I have recommended involve a consultant *eg cardiologist*, whose fees are not included in the ......hospital charges. There are a number of excellent consultants working at the ......hospital and I tend to work with ....... who can be contacted at ........ for further information on their fees. I will also / will not be charging a fee in relation to these tests, which will be £......

Please note that unless otherwise advised, the fees detailed above do not include details of any further tests or treatment subsequently recommended or carried out nor *any other services which have not been included*.

## Private Medical Insurance

If you have private medical insurance, please contact your insurer before you book for the tests I have advised, to confirm that these recommended next steps are covered by the terms of your policy. In relation to this, it may be helpful for you to know that I am 'fee assured' by .......... which means there should be no shortfalls owed by you in relation to any recommended inpatient or day-case treatment and which your insurer confirms is covered by the terms of your policy.

Please note you are responsible for any fees not covered by your insurer.

**Quality Information** 

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

Thank you again for coming to meet with me.

Yours sincerely

**Comment [CV1]:** This wording is optional

[Name of consultant]