

# PATIENT REGISTRATION FORM 2015

Dr Richard Sacks  
BSc (Hons) BM DCH DRCOG MRCP  
General Family Practitioner

Title: ..... Surname: .....

Forename: .....

Address: .....

Chelsea Consulting Rooms  
2 Lower Sloane Street  
London SW1W 8BJ  
T. 020 7763 9111  
F. 020 7763 9112  
secretary@richardsacks.co.uk

.....

..... Postcode: .....

Date of Birth: .....

Telephone No.: (h) ..... (w): .....

Mobile No: .....

Email: .....

Who recommended you to Dr Sacks? .....

I would like a chaperone present while being examined (Please tick if appropriate)

## Conditions of registration:

- **Payment is due on the day of your consultation.** Please settle your payment with Dr Sacks' secretary
- We accept credit / debit cards, cash or cheque.
- If you are paying by debit or credit card, we request that your card details are kept on file. Your card will be debited after each consultation.

## Consultation Fee

- Consultation fee (new patients and non-members): £150.00
- For all other fees including pathology, please ask Dr Sacks' secretary

## Method of payment

- Please tick below your preferred method of payment:

Debit/credit card  (**unfortunately we do not accept American Express**) Cash  Other

Credit/Debit Card No: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Expiry Date: \_ \_ / \_ \_ Security No: \_ \_ \_

**(n.b.: This form is scanned to a secure system and shredded following registration)**

## Telephone consultations and prescriptions:

- There is an administration charge for telephone consultations, as well as for prescriptions telephoned or faxed through to a chemist for non-members. Please ask the secretary for details.

## Missed appointments:

- Appointments missed without 24 hours prior notice will incur a full consultation fee

## Medical Insurance Claims

- **Please note that the practice does not invoice insurance companies directly.** However we do provide you with a receipt for insurance company purposes as proof of your consultation and Dr Sacks will be happy to complete your insurance claim form, as appropriate.

Signature .....

Date ..... 2014