



THE
WALCOTE
PRACTICE
WINCHESTER'S PRIVATE GP

Family Annual Healthplan Terms & Conditions

1. Our Family Annual Healthplan is applicable to two adults plus all children up to the age of 18 years.
2. The Walcote Practice will provide medical services in line with best practice guidelines issued by professional regulatory bodies.
3. Our doctors practise in line with the General Medical Council's Duties of a Doctor and will only provide care which is deemed safe and clinically appropriate. Where examinations and procedures are contemplated, the doctor may ask you to sign a consent form after full counselling.
4. The Walcote Practice will fully comply with current Data Protection legislation. Your personal and medical information will be stored and maintained under the provisions of the Data Protection Act, 1998.
5. To the best of your knowledge, you have provided full and accurate details requested in your Registration Form.
6. You agree to pay fees for the services provided.
7. The following is included in your Family Annual Healthplan Subscription:
 - 10 GP consultations per year which may be spread throughout your family members (these may include up to three home visits should you be unable to attend the Practice)
 - Full Annual Health Check for both adults
 - Unlimited free travel advice
 - Unlimited free telephone consultations
 - Free administration of repeat prescriptions
 - Free flu vaccines
8. Your Family Annual Healthplan Subscription will be paid for by Direct Debit on a monthly or an annual basis. You will return your completed Direct Debit Form to The Walcote Practice within 14 days of the first consultation under the Family Annual Healthplan.
9. Pathology tests, imaging and the cost of medicines will be invoiced as separate items and will incur fees in addition to the basic cost of the consultations and items listed in point 6 above. You will be made aware of any additional costs before proceeding with investigation or treatment. Additional consultations during the year (over and above those covered by the quota in the Family Annual Healthplan) will be charged at the prevailing rate.
10. Payment for the items in point 8, and individual services outside of the Family Annual Healthplan, is due on the day of consultation and can be made by cash, credit or debit card. Cheques are not accepted as a form of payment.
11. By signing below, you are agreeing to subscribe to the Family Annual Healthplan for a minimum period of one calendar year from the date of your signature (or from the date of the first consultation of a family member if this has already occurred). On the date that this first year expires, this agreement will be automatically renewed for a further period of one year unless we receive a cancellation notice from you in writing, to be received no less than 31 days before this agreement is due to be renewed.
12. Our prices will be published in print and online in our Schedule of Fees. The Walcote Practice reserves the right to change our prices as may be appropriate from time to time. You will be notified in writing of any changes to the pricing of our Family Annual Healthplan Subscriptions at least 30 days before they come into effect at The Walcote Practice. The new pricing shall come into effect for you on the date of your next annual automatic renewal of payment.

13. The cost of your Family Annual Healthplan at The Walcote Practice is dependent upon the age of all family members. If you or any of your family members move into a new age bracket during the calendar year of your Family Annual Healthplan Subscription, the new price shall come into effect on the date of the next annual automatic renewal. We will write to you at least 30 days ahead of time to inform you of the new price for your family's Private GP Healthcare.
14. Underpayment or lapse in payment of more than two weeks will invalidate any agreement by The Walcote Practice to provide care. The Walcote Practice reserves the right to receive any outstanding payments which you may owe for the remainder of the calendar year of your Family Annual Healthplan Subscription.
15. The Walcote Practice operates a cancellation policy whereby we reserve the right to charge for appointments changed or cancelled without 48 hours advance notice. For consultations falling within your Family Annual Healthplan consultation quota, we reserve the right to count this as a used appointment. For additional consultations beyond your Family Annual Healthplan quota, an amount of up to 100% of the appointment fee may be charged.
16. Clients are encouraged to remain registered with their NHS GP, if eligible, to enable them to access services such as out-of-hours GP care.
17. The Walcote Practice does not provide 24 hour GP care. Clients will be informed of our availability. Outside of these times, medical care can be obtained from the NHS out-of-hours service or the local Accident & Emergency Department.
18. Walcote Health Ltd respects the rights of you and your family members to confidentiality with regards to your medical records and care. No third party will be made aware of your medical information unless you specifically request release and you provide written consent accordingly. There are only very rare circumstances when disclosure of personal medical information is justified and these include requirement by law, significant public interest and risk of significant personal harm.
19. You have a right of access to your own medical notes, or that of your child, where these relate to our provision of medical care only. A copy of your medical notes can be requested by writing to the Business Director. A fee of up to £50 is payable to cover administrative costs.
20. When onward referral is made to secondary care in the private sector, we may provide recommendation if requested by clients but cannot be held responsible for the outcome of such referrals.
21. Walcote Health Ltd reserves the right not to engage in a contract of care with individual clients or groups and is not obligated to provide reasons for declining care.
22. Walcote Health Ltd reserves the right to refuse treatment if it is deemed to be harmful or not in the interests of the client.

I have read and agree to these Terms & Conditions.		
Signature:	Name (block capitals):	
Date of Signature:	Date of Birth:	Age:

Name of Family Member to be included in this Family Annual Healthplan (block capitals)	Date of Birth	Age
1		
2		
3		
4		
5		
6		