COAST HEALTH

REQUEST FOR NON-NHS SERVICES

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| --- | --- |
| Name: |  |
| Address: |  |
| Date of Birth: |  |
| Email address: |  |

|  |
| --- |
| Description of Service required (e.g. Holiday cancellation, To whom it may concern letter, power of attorney form etc): |

I understand that the service I have requested from COAST HEALTH is not

provided by the NHS and I agree to pay the required fee of £\_\_\_\_\_\_\_\_\_\_\_ .

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment by cash, cheque (payable to Coast Health) or BACS transfer only (bank details given on request).

*A list of current fees for non NHS services are displayed at reception in both surgeries and are listed on our website (*[*www.coast-health.co.uk*](http://www.coast-health.co.uk)*). If your request does not fit into a standard category it will be assessed on the amount of time taken to complete. We will advise you of the cost and confirm your agreement before we proceed.*