

## **Client Registration Form**

All details will be kept strictly confidential

PERSONAL INFORMATION							
Title:	Forename:		Surname:	DOB: / /			
Telephone:		Mobile:			Sex: M O F O		
Email*:					I am happy to receive confidential clinical correspondence via email YES NO O *Your email address will be used to send you reminders about appointments and for the purpose of sending any confidential clinical correspondence to you following your consultation. If you would prefer your correspondence to be posted to you, please let us know. Occasionally we may also send you relevant information about your health and our related services; you will be able		
Address: Postcode:							
Occupation:     to unsubscribe from this at any time.							
GP Name and Practice:							

## HOW DID YOU HEAR ABOUT US?

Consultant	0	Colleague	С	Search engine C	>	Name of referrer:
GP	0	Friend/family	С	Social media C		
Other Healthcare professional	0	Gym member	С	Advertisement C		
Insurer/Intermediary	0	Sports team	С	Other:		

## METHOD OF PAYMENT

Self-funding

Insurance

Other third party:

0

HEALTH INSURANCE PROVIDER							
Bupa	0	АХА	0	Cigna	0	Vitality	0
Aviva	0	WPA	0	Other**:		**We do not bill directly to all in	nsurers
Policy/Membership Number	er:						
Authorisation/Claim numb	er:						
Number of sessions author	rised:						

## **Terms and conditions**

MEDICAL INSURANCE AND PAYMENTS: Bodybalance

Physiotherapy & Sports Injury Clinic is registered with all major health insurers and can invoice directly to those insurers with whom we are contracted. Our agreement to invoice directly to your insurer does not remove your liability for the payment of our fees in full for any services provided.

If you would like us to invoice to your insurer on your behalf, you must provide us with your policy/membership number and authorisation details. We will also require valid debit/credit card details at the time of booking. Fees billed to your insurer may vary from the standard fees published on our website. You may choose to pay at the time of your appointment and manage your own claim process.

Even if you have private medical insurance, your policy may not cover all our fees and expenses. Your insurer may not cover the full cost of treatment, certain items may not be covered, or you may have an excess or cost-share arrangement on your policy. We will require that you pay any balance if your insurer does not cover the full cost of treatment. If we receive notification from your insurer that you have an excess on your policy, or your funds have been exhausted, or they refuse to pay any outstanding fees in full for any reason, those fees will be charged directly to your debit/ credit card.

If your insurer has not paid in full within 60 days, we will require payment from you directly and reserve the right to debit your credit/debit card accordingly. We will provide you with a receipt to reclaim this charge from your insurer. You should contact your insurer directly if you have any queries with regards your claim.

**SELF-FUNDING PAYMENTS:** Self-funding patients are required to pay at the time of their appointment using either cash or card. Itemised receipts can be provided.

**AUTO-PAYMENT OPTION:** In order to save time and allow your physiotherapist to focus more on your treatment, we operate a safe, secure auto-payment option. We take your credit or debit card details and securely store them on an encrypted platform provided by SagePay, allowing us to automatically take payment for your treatment after each session.

**PRE-PAID TREATMENT PACKS:** We offer a number of pre-paid treatment packs – please ask for further details. All pre-paid treatment packs are valid for 6 months from date of purchase.

**LATE PAYMENT OF FEES:** We require all fees be paid when due. You will be liable for all costs of collecting or enforcing payment from you. We charge interest on late payments at 2% per year above Barclays Bank base rate. We may cancel or suspend treatment or service if our fees are not paid in full when due.

**CANCELLATION POLICY:** We require at least 24 hours' notice to cancel or change your appointment. If you cancel an

appointment with less than 24 hours' notice, or if you fail to attend or are late for your appointment, you will still be charged the full amount for your appointment at the self-funding rate. Cancellation fees are not normally covered by your insurer so you will usually be required to pay this yourself. We may take payment for cancellation charges directly from your stored payment details.

**REFERRALS:** Occasionally our clinicians may refer you to a third party for further assessment, investigations or treatment. We will send correspondence to that third party, but you will be responsible for arranging your appointments with them and agreeing to their terms and conditions. We undertake no liability with respect to that third party.

**CONSENT TO TREATMENT:** All physiotherapy assessments and treatments will be performed by a Chartered Physiotherapist. You must advise your therapist of any information which may affect your treatment or diagnosis. Following examination, an explanation of the therapist's opinion and proposed treatment will be provided. It is important that you fully understand the diagnosis, recommendations, procedures and treatment techniques that may be involved, as well as any likely effects. Your therapist should explain things to you, but if you are in doubt, please ask for further information. With certain conditions, a degree of undress may be required to allow examination or treatment; this will be explained at the time by the therapist. You are entitled to be accompanied during your treatment if you wish.

**CONSENT TO OUR USE AND DISCLOSURE OF YOUR DATA AND HEALTH RECORDS:** All data will be handled in compliance with the Data Protection Act 2018. Full details of our Data Protection Policy are available on our website or by asking for a written copy of the policy. If you are unsure, please ask us for further information about our data protection policy and your rights.

Medical records are stored electronically with access only available to authorised personnel. As part of your care, it may be necessary to communicate information about you with other health professionals, such as your GP or referring Specialist. We will always seek to ensure you are aware of the communication we have with other health professionals and you have a right to see any information we hold on you. We will not share your information with third parties without your permission, and you retain the right to withdraw your permission at any time. We may also use your health information anonymously for teaching, research and audit purposes.

**LIABILITIES:** We do not accept liability for loss or damage to your personal possessions whilst in our clinics unless the loss or damage can be proved to have been caused by an employee of Bodybalance Physiotherapy & Sports Injury Clinic. We do not accept liability for death or personal injury unless proved to have been caused by the negligent act or omission of Bodybalance Physiotherapy & Sports Injury Clinic or its employees. Your statutory rights are not affected.

I have read, understood, and agree with the above terms and conditions, including the conditions relating to fees, cancellations and data protection. I understand that I may decline treatment at any stage, and I agree to ask for further information when I am unsure.

Name:	Signed:	Date:			
If under 18, parent or guardian to sign.					

Bodybalance Physiotherapy & Sports Injury Clinic is committed to implementing best practice. Should you feel dissatisfied with any part of your treatment, please bring it to the attention of any member of staff at your earliest convenience. All complaints are dealt with seriously. The Physiotherapy profession in the UK is regulated by the Health Professions Council (www.hcpc-uk.co.uk).

If you have any questions or would like further information, please contact Eric Clarke, Clinic Director, Phone: 020 8181 3939 Email: info@bodybalancephysio.com