

Dr Darren Craddock MBChB MRCPsych

Consultant Psychiatrist

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Terms of Engagement

Name.....D.O.B.....

Address.....

.....

Tel
(home).....(mobile).....

Email.....

Preferred contact for appointment reminders ((please circle)
Letter / Phone call (home) / Phone call (mobile) / Text message / Email

I, (name).....confirm that I have received, read and agree
to the fees as outlined in the Guide to Fees. I agree to ensure that payment is received within 14
days of the date of invoice.

I am paying personally / I have appropriate Private Health Insurance (delete as applicable)

If covered by Private Health Insurance:
I have contacted my Health Insurer who has given approval for this referral.
I understand that I am responsible for any fees not covered by my Health Insurer.
I agree to inform Dr Craddock of any changes to my Health Insurance

Details of Health Insurance (if applicable)

Name of Health Insurer.....

Policy Number.....

Signature.....Date.....

Rother House Medical Centre
Alcester Road
Stratford-upon-Avon
Warwickshire CV37 6PP
Tel: 01789 269386 Fax: 01789 298742

Nuffield Health Warwickshire Hospital
The Chase, Old Milverton Lane
Leamington Spa
Warwickshire CV32 6RW
Tel: 01926 427971 Fax: 01926 428791