**Terms of Engagement**

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

Address.................................................................................................................................................................

...............................................................................................................................................................................

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

Email......................................................................................................................................................................

Preferred method for receiving administrative information (e.g. appointment reminders)

Post / Email

Preferred method for receiving clinical information (e.g. copies of letters following an appointment)

Post / Email

**Please note that emails are not 100% secure and can be intercepted. If choosing email as your preferred method you accept this very small risk.**

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)

**Private Health Insurance (if applicable):**

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

Name of Health Insurer.......................................................................................................................................

Policy Number..................................................................Approval number.....................................................

**Please sign here to confirm acceptance of the Terms of Engagement:**

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