

# HCA Admission / Registration Form

Please complete your details below and read the "Terms of Admission" before signing the back of this form. (Shaded areas are for HCA use)

Unit Number	Account Number	Admit Date	Admit Time	ELOS	Patient Type	Room/Bed	
<b>PATIENT DETAILS</b>							
Full Name	Family Name		First Name	Other Names / Initials		Title	
	Date of Birth	Gender (Male / Female)	Religion	Occupation	Nationality		
Home Address				Please complete if you are staying at a temporary London address. At local address until Temporary address			
				Postcode			
Other ID e.g. NHS or Passport Number	Other ID		Temp. Phone Number				
Phone	Home		Work				
	Mobile		E-mail				
<b>FAMILY or NOMINATED CONTACT (Please complete for all adult Inpatients and Day Cases and for all types of treatment when the patient is a child)</b>							
Full Name				Relationship to Patient			
Address							
Phone	Home			Work			
	Mobile			E-mail			
<b>CONSULTANT AND GP DETAILS</b>							
Consultant							
GP's Name				GP Phone			
GP's Address							
Referred by	NHS GP <input type="checkbox"/> : Private GP <input type="checkbox"/> : Self Referral <input type="checkbox"/> : Other <input type="checkbox"/> : e.g. Consultant, please specify						
<b>METHOD OF PAYMENT:</b> Self Funding <input type="checkbox"/> Insurance <input type="checkbox"/> Sponsor <input type="checkbox"/> Please provide details below of your sponsor or insurer including reference and authorisation numbers. Your insurer requires this information.							
Insurance Company / Sponsor				Authorisation / Claim No.			
				Policy No.			
Please complete if your Insurance company is BUPA, BUPA International or PPP.							
Date symptoms first noticed by patient	Day	Month	Year	Date first consulted GP for these symptoms.	Day	Month	Year
Please specify the symptoms							
Is the patient receiving treatment as a result of an accident caused by someone else? (Yes/No)							
Is the patient covered by any other insurance from which the cost of this treatment might be claimed? (Yes/No)							
If you answered YES to either of these questions, please inform your insurance company of the details.							

## Summary of Admission Terms

<b>Introduction</b>	The information summarised here is covered in more detail in the HCA booklet "Registration Guide". Please ensure you have a copy.
<b>Your Care</b>	A patient is under the care and control of his or her physician or surgeon who may also involve other doctors in treatment if appropriate. HCA staff provide care and treatment under the doctors' instructions. The physician / surgeon who admits you is not usually an employee of this company and will normally invoice you separately for his / her services. Your consultant is responsible for arranging your consent for specific medical or surgical treatment if it is required.
<b>The Law</b>	For the purpose of this contract, "hospital" shall mean any hospital or facility owned by HCA, unless otherwise stated, this contract is between the hospital providing the services and the patient. The contract shall be governed by and construed in accordance with English law and the English Court shall have exclusive jurisdiction. The patient's, representative's or Guarantor's signature confirms acceptance of the terms and conditions of admission contained in the "Registration Guide" form and booklet.
<b>Your Liability</b>	The patient is liable for all personal expenses and any charges not settled by an insurer or sponsor. If there are delays in settlement, there may be penalties, for example the charging of interest or the revoking of discounts, for which the patient will be liable.
<b>Insured Patients</b>	The hospitals will process insurance claims directly with approved insurers on the patient's behalf if the patient has provided claims details and a signed Assignment of Benefits statement. It is the patient's responsibility to verify with their insurer that the condition to be treated is covered by their insurance. The hospital is not responsible for this verification. Insufficient documentation will prevent direct settlements and may result in the account being billed to the patient. Any shortfalls in benefit are the patient's responsibility.
<b>Sponsored patients</b>	We accept direct settlement arrangements only with third parties with whom we have an agreement. If such an agreement is not in place, the patient will be asked to settle the account with us and seek to recover the sum from the sponsor. Where an agreement is in place we must have a letter of guarantee specific to this admission/treatment.
<b>Self-funding</b>	We require payment in full or a deposit at or before the time of treatment. The hospital may require further payments on account with payment of the balance in full on discharge. The value of the deposit required will vary with treatment and at the discretion of the hospital providing treatment.
<b>Outpatient Services</b>	Payment for outpatient services must be made in full on the day of treatment, except where a direct settlement agreement exists and full details are provided at or before the time of treatment.
<b>Valuables</b>	The hospital does not accept any responsibility whatsoever for the loss of any cash or valuables belonging to patients or visitors.

### DATA PROTECTION NOTICE

**Confidentiality:** the confidentiality of the patient is of the paramount concern to HCA. HCA is fully committed to compliance with Data Protection legislation and medical confidentiality guidelines. We will share information about the progress of the patient's treatment with the nominated contact unless specifically instructed otherwise.

**Medical information:** medical information will be kept confidential. It will be disclosed only to those involved with treatment or care or to their agent and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents. Such people or organisations may wish to send information to companies/individuals outside the European Economic Area to support subsequent care.

HCA supports ethically approved audit projects, for example to measure the long-term effectiveness of treatment. There will be a specific consent form for contribution to medical research projects.

**Access to non-medical information:** access to non-medical information may be granted by HCA or the patient's insurer, to others on a strictly confidential basis in the course of and for the purpose of efficient administration. This includes any person or organisation involved in the billing, processing, payment or collection of accounts, or the provision of credit referencing information. This extends to any person or organisation they may involve in order to achieve this.

**Insurance:** Information provided to Insurers in order to settle the account will become part of the data held by them (and other companies in the same group) in accordance with the provisions of the Data Protection Act 1998. The patient's insurance company may arrange for processing of data outside the European Economic Area. If there are any concerns about this or any third party they in turn may share your data with please contact the insurer. If an insurer, or other organisation has indicated that they will meet your expenses, it may choose to use non-medical information to send you details of its products or services. If you do not wish to receive such information, please write directly to the insurer or other organisation.

Please use this section to state any wishes relating to the Data Protection Act 1998.

### FINANCIAL AGREEMENT, DECLARATION AND CONSENT

I confirm that I have read, understood and accept the terms and conditions of admission printed above (or alternatively had these explained to me) and have received the HCA 'Registration Guide' booklet. I understand that I am ultimately responsible for payment of my account should any third party sponsor or insurer not pay the account in full. I undertake to settle all personal expenses at the time of my departure or upon request. I consent to the use of my personal data for the purposes indicated. I have read and understood the Data Protection Act notice above.

Insured patients: I declare that my/the patient's general practitioner recommended the specialist treatment and that to the best of my knowledge and belief the information given on this form is true and complete (delete if not applicable). I authorise the hospital to submit claims relating to my/the patient's treatment to my/the patient's insurer on my/the patient's behalf. I give explicit consent, within the meaning of the Data Protection Act 1998, for my/the patient's personal information to be processed with respect to this treatment.

I understand that there will be separate consent forms relating to my treatment.

Patient /Representative/Guarantor	Signature	Print	Date
Please indicate which:			
Admission / Registration Officer	Signature	Print	Date