

To be completed	d by the doc	tor					
Doctors Name				HA Code			
☐ I have accepted t	his patient for ge	neral medical services	□ <b>5</b> 0 <i>r</i>	STATE AND ADDRESS OF TAXABLE AND			
☐ I have accepted t	his patient for ge	eral medical services					
Doctors Name, if diff					HA Co	ode	
☐ I am on the HA	CHS list and will	provide Child Health Su	urveillan	ce to this p	atient or		
☐ I have accepted	this patient on I	behalf of the doctor nar	med belo	ow, who is	a member o	f this practice	and is on the
HA CHS list and	will provide Chi	ld Health Surveillance to	o this pa	tient.			
Doctors Name, if diffe					HA Co	TO MARTINE Martine and the second of t	
		nces to this patient subje	ect to He	ealth Autho	ority's Appro	val	***************************************
l am claiming ru	ral practice payr	ment for this patient. atient's home address ar	nd my m		. 1-		***************************************
		ormation is correct and I claim the tatement of Fees and Allowances. An audit ction by the HA's authorised officers and					***************************************
appropriate payment a	is set out in the S				Practice Stamp		
auditors appointed by	the Audit Commi	ission.	ea orricei	rs and			
Authorised Signature							
Name		Date/_					
SUPPLEMENTARY Q	LIESTIONS						
		TION for all patients w	ho are	not ordina	rily resider	at in the LIK	
Anybody in England o	an register with a	GP practice and receive f	ree medi	cal care from	n that practic	it iii tile UK	
However, if you are no	ot 'ordinarily resid	dent' in the UK you may h	ave to na	y for NHS tr	eatment out	side of the CD a	ractice. Being
ordinarily resident pro	padly means living	g lawfully in the UK on a p nomic Area must also have	roperlys	ettled basis	for the time	haina In most s	acoc mational
Some services, such as	diagnostic tests of	of suspected infectious disc	eases and	any treatm	ent of those	dispasses are from	K. e of charge to
an people, while some	groups wno are	not ordinarily resident he	re are ex	empt from a	Il treatment	charges.	
patient leaflet, availab	ole from your GP						
You may be asked to	provide proof of	entitlement in order to rec	eive free	NHS treatm	nent outside	of the GP practic	ce, otherwise
you may be charged t	or your treatmen	t. Even if you have to pay nent, regardless of advan	for a ser	vice vou wi	ill always be	provided with a	ny
The information you o	ive on this form	will be used to assist in id	entifying	your charg	eable status,	and may be sha	ared, including
with NHS secondary c	are organisations	(e.g. hospitals) and NHS I half of the NHS to confirm	Digital fo	or the nurno	ses of valida	tion, invoicing a	nd cost
Please tick one of the	following boxes	:					
a) I understand th	nat I may need to	pay for NHS treatment o	utside of	the GP pra	ctice		
example, an EHIC, or p	payment of the Ir	mption from paying for N mmigration Health Charge	HS treat	ment outsic	de of the GP	practice. This inc	cludes for
provide documents to	support this who	en requested	. ,	arenarge //	Wileir decom	partied by a vali	u visa. i cari
c) I do not know i	ny chargeable sta rmation Laive on	atus i this form is correct and c					
action may be taken a	gainst me.				nd that if it is	not correct, ap	propriate
	ould complete th	e form on behalf of a chil	d under	16.			
Signed:				Date:		DD MM YY	
Print name:				Relationsh	nip to		
On behalf of:				patient:			
Complete this section	n if you live in a	nother EEA country, or	have me	oved to the	IIK to stud	V or rotiro or i	f vou live in
the UK but work in a	inother EEA me	mber state. Do not com	plete th	is section it	f you have a	an FHIC issued	by the UK.
DETAILS and S1 FOR	HEALTH INSURA	ANCE CARD (EHIC), PRO	VISIONA	L REPLACE	MENT CERT	IFICATE (PRC)	
Do you have a non-UK EHIC or PRC?		YES: NO: If ye		If yes, p	s, please enter details from your EHIC or		
				PRC be	below:		
ALM AND REAL PROPERTY AND	m :	Country Code: 3: Name					
If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC)//S1, you may be billed		4: Given Names					
		5: Date of Birth	- I	NORTH VIDEO			
		6: Personal Identificat	ion	- THE LANGE			
		Number					
		7: Identification numb	per				
		of the institution					
for the cost of any treatment received outside of the GP practice, including		3: Identification number of the card					
at a hospital.	, sidding	9: Expiry Date	0.0	MM YYY	Y		
PRC validity period	(a) From:	DO MIN YYYY			(b) To:		CY
Please tick 🔲 if you h	ave an S1 (e.g. y	ou are retiring to the UI	K or you	have been	ported born	. b	over for
work or you live in the	OK but work in	n another EEA member s	tate). Pl	ease give y	our S1 form	to the practice	staff.
How will your EHIC/PI	RC/S1 data be us	sed? By using your FHIC	or PRC f	or NIUS tran	+m.o.n.t. co.o.t.		200
cost recovery. Tour cili	iicai uata wiii no	red with NHS secondary of bt be shared in the cost r	ecovery	process			
our EHIC, PRC or S1 ii	nformation will	be shared with The Den	artment	for Work a	nd Pensions	for the purpos	se of
recovering your NHS c	osts from your h	ome country.					0.8