



Practice  
Plus  
Group

# Private Patient Services

## Terms and Conditions



*Just what you need* to get back on your feet

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# Our Terms

## 1. OUR CONTRACT WITH YOU

- 1.1 These are the **Terms** on which we supply private patient **Services** to you on a **Self Pay Treatment** or **Private Medical Insurance** basis.
- 1.2 Please read these **Terms** carefully before you sign the **Private Patient Terms and Conditions Form**. These **Terms** tell you who we are, how we will provide services to you, how you and we may change or end the contract, what to do if there is a problem and other important information.
- 1.3 These **Terms** and conditions, together with the **Treatment Letter**, your **Self Pay Treatment Quote** (if paying by **Self Pay Treatment**) and the **Private Patient Terms and Conditions Form** constitute the contract for services between you and us. By signing the **Private Patient Terms and Conditions Form**, you agree to the **Terms** of the contract. The main operator of the **Services** at a **Facility** is **Practice Plus Group Hospitals Limited**: in some cases, **Services** may be provided by another member of the **Practice Plus Group**.
- 1.4 When we use the words “we”, “our” or “us” in these **Terms** we mean **Practice Plus Group Hospitals Limited** or any other company in the **Practice Plus Group**, and when we use the term “you” or “your” in these **Terms** we mean the person who will receive the care and **Services** as set out in the **Treatment Letter**.
- 1.5 If you are signing the **Private Patient Terms and Conditions Form** on behalf of a child who is under the age of 18, you agree that you will be bound by these **Terms** even if that child breaches or is not bound by any part of these **Terms**. In these circumstances, when we use the term “you” or “your” in reference to any obligations you may have under these **Terms** we mean the person signing on behalf of the child as well as the child.
- 1.6 The words in bold have specific meanings, which have been set out below in Section 2 (Definitions) of these **Terms**.

## 2. DEFINITIONS

- 2.1 When the following words in bold and with capital letters are used in these **Terms**, this is what they mean:

**Practice Plus Group:** **Practice Plus Group Hospitals Limited** and/or its subsidiaries, as defined under section 1159 of the Companies Act 2006 (as amended from time to time).

**Practice Plus Group Hospitals Limited:** Is the main operator of the **Services**, (with company number 03462881) and its registered office at Hawker House, 5-6 Napier Road, Reading, Berkshire, RG1 8BW.

**Facility:** Any care facility or hospital operated by **Practice Plus Group** at which **Services** are provided to you.

**Finance Provider:** Chrysalis Finance Limited.

**First Appointment outpatient Letter:** The letter you will receive advising you of the date of your pre-operative assessment.

**Medical Indemnity Insurance:** the Clinical Negligence Scheme for Trusts, any medical defence organisation's malpractice cover for independent practitioners or any private medical indemnity insurance.

**NHS:** The publicly funded National Health Service in the United Kingdom.

**Price List:** our national **Price List** includes all the costs of our **Self Pay Treatments**. You can find it here: [www.practiceplusgroup.com/our-services/private-healthcare/prices/](http://www.practiceplusgroup.com/our-services/private-healthcare/prices/)

**Private Medical Insurance:** the policy that you hold with a private medical health insurance provider.

**Private Medical Insurance Treatment:** the agreed package of **Services** your private provider has agreed to cover the cost of, by providing an authorisation number to you or us. This excludes any excess agreed with your provider, see section 6.2.

**Private Patient Terms and Conditions Form:** prior to admission to the **Facility**, the form you must sign to confirm that these **Terms** have been agreed and accepted by you.

**Self Pay Treatment Quote:** A formal estimate of your **Self Pay Treatment** package based on your initial consultation and any diagnostic tests you may have had.

**Self Pay Treatment Price:** the price that you have agreed to pay for the **Self Pay Treatment** and which is set out in the **Self Pay Treatment Quote**.

**Self Pay Treatment:** the agreed package of **Services** for which you have agreed to pay.

**Services:** the assessment, diagnosis, care, treatment, procedures and/or services (whether clinical or non-clinical), that we are providing to you at the **Facility**.

**Terms:** the terms and conditions for **Private Medical Treatment** as set out in this document.

**Treatment Letter:** the letter that we send to you prior to the date of your admission detailing the **Services** to be provided to you and the **Self Pay Treatment Quote** if you are receiving **Self Pay Treatment**. The letter will also include confirmation of the date of your procedure.

### 3. OUR SERVICES

3.1 We will supply the **Services** to you as set out in the **Treatment Letter**.

3.2 We will make every effort to provide the **Services** on the date we have stated in your **Treatment Letter**. However, we cannot always promise this and we reserve the right to refuse your admission or to cancel or change the date of your admission for any reason by providing you with reasonable notice, with the intention of rearranging your admission date. There may be delays or cancellations for any reason, such as an event outside our reasonable control, operational or technical reasons or because your consultant does not think it is in your best interest for medical reasons. Where possible we will rebook your appointment for another date that suits you. If rebooking in a mutually agreeable timeframe is not possible, we will refund any advance payment you have made for **Services** that have not been provided.

3.3 The decision as to whether you are fit for discharge rests with your consultant. Should you wish to stay in the **Facility** after you have been declared fit for discharge, or if you require further

**Services** that are not covered by your agreed **Self Pay Treatment Price** or your **Private Medical Insurance, Practice Plus Group's** standard **Price List** charges will apply and you will be invoiced separately.

- 3.4 If you discharge yourself against the advice of your consultant no further **Services** will be provided to you as part of your **Self Pay Treatment** or **Private Medical Insurance Treatment**. No refund will be given where, in such circumstances, your treatment ends early and you leave the **Facility** earlier than expected.
- 3.5 If your stay in the **Facility** is shorter than anticipated after the **Services** have concluded, you will not be entitled to receive a refund of any portion of the **Self Pay Treatment Price**.
- 3.6 We will need certain information from you that is necessary for us to provide the **Services**. This can be requested by anyone involved in your care or treatment before, during or after the delivery of the **Services**. This includes staff at the **Facility**, your consultant, other medical professionals or any requests set out in your **Treatment Letter**. If you do not provide this, after being asked by us, or it is incomplete or inaccurate, we may not be able to provide you with some or all of the **Services**, and that could mean being unable to see you at our **Facility**.
- 3.7 Prior to receiving your **Treatment Letter** and before your admission date, you will be asked to come to the **Facility** for a pre-assessment. In this appointment you will be asked questions about your health and medical history, you will be given details about the **Services** and your admission and we may also need to take blood or perform other tests. If, following the pre-assessment, we consider that for clinical reasons it is not appropriate to proceed with your proposed **Services**, whether at all, or for the price shown our national **Price List**, or because further tests or assessments need to be carried out, we will discuss this with you. If we are not able to continue with the proposed **Services** at all, we will tell you the reason(s) why we have formed this opinion.
- 3.8 The consultants, anaesthetists, other medical practitioners and secretarial staff are either employed by us or contracted on a sessional basis. In relation to our employees, we hold **Medical Indemnity Insurance** with a reputable insurance organisation in the healthcare industry which covers consultants, anaesthetists, other medical practitioners and secretarial staff whilst they are on duty and working at any of our **Facilities**. We will ensure that any person not in our employment and supplying clinical services to you as part of the **Self Pay Treatment** or **Private Medical Insurance Treatment** will also hold their own requisite Medical Indemnity Insurance or be covered by our Medical Indemnity Insurance.
- 3.9 We strongly advise that you avoid bringing any valuables or cash with you to the **Facility**. If you do, this is at your own risk as we do not accept any responsibility for the theft, loss of, or damage to, any of your or your visitors' cash, valuables or any other property that you or your visitors bring to the **Facility**.

#### 4. SELF PAY TREATMENT PRICE AND PAYMENT

**This section only applies if you are paying for your treatment yourself.**

- 4.1 We will always provide a **Self Pay Treatment Quote** detailing the **Self Pay Treatment Price** that has been calculated for your **Self Pay Treatment** (following your pre-assessment). Your **Self Pay Treatment** and the **Self Pay Treatment Quote** are subject to the results of your pre assessment, process and results. Costs incurred that are not included in the **Self Pay Treatment Quote** will be charged in accordance with **Practice Plus Group's** national **Price List**.
- 4.2 Unless we tell you otherwise, your **Self Pay Treatment Quote** will be valid for a period of 90 days from the date stated on it.

4.3 We calculate the **Self Pay Treatment Price** based on:

4.3.1 your consultant's medical advice;

4.3.2 the results of any scans and diagnostic tests; and

4.3.3 the complexity of your care and treatment.

4.4 If you think an invoice is wrong, please contact us as soon as possible to let us know so that we can resolve any error or misunderstanding.

4.5 You must pay the **Self Pay Treatment Price** in full at least seven (7) days in advance of your admission to the **Facility**. We may refuse admission if you have not paid in full or if the payment has not completed. Your rights to a refund on cancellation are set out in clause 11.

4.6 You may pay the **Self Pay Treatment Price** by bank transfer, cheque or over the phone by credit or debit card.

4.7 You may also spread the cost of any care or treatment by raising the funding for the **Services** from the **Finance Provider**, Chrysalis Finance Limited. Any decision to raise funding through the **Finance Provider** must be made by you and we do not make any recommendations about whether or not you should do this. We are not party to any agreement entered into between you and the **Finance Provider** and the **Finance Provider** will require its own information from you to assess whether or not to provide you with any funding. We are not responsible for any non-payment or overdue amount between you and the **Finance Provider**. Should you choose to use the **Finance Provider's** services please note that we may, at our sole discretion, choose not to provide any **Services** to you until full payment of the **Self Pay Treatment Price** has been received by us in cleared funds. Details of the **Finance Provider** can also be found on our website at the following link: [www.practiceplusgroup.com/our-services/private-healthcare/finance-options/](http://www.practiceplusgroup.com/our-services/private-healthcare/finance-options/)

4.8 If you choose to spread the cost of any care or treatment by raising the funding for the **Services** from the **Finance Provider**, please be aware that you must ensure that any cooling-off period that relates to the funding must have ended before you receive your treatment. We may, at our sole discretion, if you are unable to confirm this, choose not to provide any **Services** to you until your cooling-off period has ended.

4.9 Please be aware that where you choose to raise the funding for the **Services** from the **Finance Provider**, you will still remain responsible under these **Terms** for payment in full of any outstanding cost of your care or treatment that is not paid to us by the **Finance Provider**.

4.10 If we are unable to provide any element of the **Services** to you, you do not have to pay for **Services** that we have not provided. However, this does not affect your obligation to pay for **Services** we have already carried out at the date of cancellation (whether quoted or not).

4.11 If you fail to pay us the **Self Pay Treatment Price** for the **Services** when you are supposed to, we may decide not to provide any further or remaining **Services** until you have paid us the outstanding amounts. We reserve the right to charge interest on any and all overdue payments in respect of the **Services** at 8% above the prevailing Bank of England base rate from time to time.

## 5. WHAT IS INCLUDED AND EXCLUDED IN THE SELF PAY TREATMENT PRICE

This section only applies if you are paying for your treatment yourself

5.1 Unless we have said otherwise, for example, in your **Treatment Letter**, the **Self Pay Treatment Price** for your **Self Pay Treatment** INCLUDES:

5.1.1 any pre-operative assessment at the **Facility** before your admission, if necessary;

- 5.1.2 any care or treatment (other than high dependency, intensive or critical care which is available free at the point of care from the NHS) carried out in other locations, provided it is part of the care and **Self Pay Treatment** plan including the **Services** planned by your consultant;
  - 5.1.3 your accommodation and meals at the **Facility** for as long as you are required to stay at the **Facility** (as advised by your consultant);
  - 5.1.4 your nursing care while you are in the **Facility**;
- 5.2 the **Facility**'s theatre fees, medicines and dressings while you are in the **Facility**;
- 5.2.1 your consultant's or other healthcare professional's operating fee and anaesthetist's fee while you are in the **Facility**;
  - 5.2.2 any necessary prosthesis (approved by us) where the procedure you will undergo at the **Facility** requires a prosthesis;
  - 5.2.3 x-ray imaging, physiotherapy, pathology and histology needed while you have been admitted to the **Facility** (should you require MRI, CT or Ultrasound scans or Nerve Conduction Studies or Echocardiograms you will be charged for these separately);
  - 5.2.4 basic walking aids where clinically required (such as walking sticks or crutches and wheelchairs for use in the **Facility**) and home aids (such as chair risers) for hip and knee replacements, but not other home aids or larger items (such as stair lifts);
  - 5.2.5 take-home medicines advised by your consultant for up to fourteen (14) days after discharge and antibiotics if required for the stated period prescribed by your consultant;
  - 5.2.6 subject to anything to the contrary set out in your **Private Patient Terms and Conditions Form** or **Treatment Letter**, up to ninety days (90) post-operative care where clinically required by your consultant provided it takes place at the **Facility** including:
    - 5.2.6.1 removal of stitches, dressings or plaster, if required;
    - 5.2.6.2 any tests and scans, where clinically required;
    - 5.2.6.3 one follow-up consultation with your consultant, where clinically required; and
    - 5.2.6.4 treatment for any clinical complications, as we explain in clause 8, below.
- 5.3 The **Self Pay Treatment** Price DOES NOT INCLUDE any of the following:
- 5.3.1 diagnostic tests or services received prior to your pre operative assessment or admission, whichever is first.
  - 5.3.2 any care or treatment not carried out at our **Facility**, including **NHS** care, unless it is part of the **Services** included in your **Self Pay Treatment** plan;
  - 5.3.3 any long-term care or treatment (save for that which is expressly included in your **Self Pay Treatment** and / or as set out in Clause 8 (Follow up and Complications) below;
  - 5.3.4 any drugs or medicines not included within the take-home pack as described in clause 5.1.10;
  - 5.3.5 in your recovery, treatment, accommodation or meals provided after your consultant has advised that you are fit for discharge;
  - 5.3.6 personal costs such as telephone charges, visitors' meals, and other sundries;
  - 5.3.7 patient transfer services

**5.3.8** should you require MRI, CT, Ultrasound scans, Nerve Conduction Studies, Echocardiograms, Sleep studies or Lung function tests you will be charged for these separately; MRI, CT, Ultrasound scans, Nerve Conduction Studies, Echocardiograms or other enhanced diagnostic services referred to in clause 5.1.8;

**5.3.9** any replacement prosthesis or other items where required due to normal wear and tear; and

**5.3.10** any costs or fees not specified as included in clause 5.1 or in your **Treatment Letter**;

**5.3.11** and any provision of any of the above will be charged separately to you as per **Practice Plus Group's** national **Price List** and you will be responsible for payment of those charges.

**5.4** Only care or treatment identified at your pre-assessment is included within the **Self Pay Treatment**. In respect of any stay beyond the discharge date given to you by us, we shall charge and you shall pay such charges for each additional day beyond those set out in your **Self Pay Treatment Price** as communicated to you by us. You must pay our invoice for any and all such additional day(s) within thirty (30) calendar days after the date of the invoice.

## **6. PRIVATE MEDICAL INSURANCE TREATMENT**

**This section applies if you are paying for your treatment with your Private Medical Insurance**

**6.1** You agree to cover the cost of your treatment.

**6.2** Whilst you will remain responsible for the payment of your treatment, where you have **Private Medical Insurance**:

**6.2.1** We will, where possible, process the insurance claim for your treatment with your insurer, provided you have given us and your insurer all the information we both need. Providing your policy number and pre-authorisation code confirmation is mandatory. If this information is incomplete or inaccurate, we may not be able to process your claim and you will need to pay for your treatment, as set out in 6.2.3;

**6.2.2** Where we process your insurance claim and your insurer pays us directly, the rate agreed between **Practice Plus Group** and your insurer will apply to your treatment;

**6.2.3** In circumstances where an excess or shortfall occurs owing to the cost of your treatment (including if your insurer fails to settle our invoices), **Practice Plus Group** will invoice you as soon as reasonably practicable. Payment will be required within thirty (30) days of the invoice date; and

**6.2.4** If we invoice you for your treatment or an element of it, you agree to pay us the amount invoiced within the time limits set out above. If you do not think that we have invoiced you correctly you will need to contact the **Facility** to query this within fourteen (14) days of the date of invoicing.

**6.3** Unless we have said otherwise, for example, in your **Treatment Letter**, the details of what is included and excluded in your **Private Medical Insurance Treatment** can be found in your insurance policy documents and correspondence as provided to you by your insurer. Please be aware that in some cases your insurer may not provide cover for certain parts of the treatment that your consultant considers appropriate.

**6.4** It is your responsibility to confirm with your insurer in advance that your treatment is covered by your insurance policy and **Practice Plus Group** will not obtain any such confirmation on your behalf. While you are in the **Facility**, if you want to check with your insurer whether any aspect of your treatment is covered by your insurance policy, we will give you access to a telephone so you can contact your insurer.



- 6.5 In the rare circumstance that further treatment is or may be required (including as a result of any complications), you should be aware that the cost of further treatment may not be authorised by your insurer. Should your insurer refuse, alternative methods of settling your account will need to be agreed with you prior to such treatment taking place. It is your responsibility to ensure that any and all additional treatment is fully funded.
- 6.6 Please note that your insurance policy may not cover the cost of sundry items or other specialist items like crutches or wrist braces, or it may only cover part of such costs. You may be required to pay for any such items not reimbursed by your insurers.
- 6.7 Where any costs are incurred that are excluded or otherwise not covered by your insurance policy, these will be charged separately to you as per **Practice Plus Group's** national **Price List** and you will be responsible for payment of those charges. We strongly advise you to check with your insurer prior to proceeding with the **Services**.
- 6.8 If you pay for your treatment and subsequently seek reimbursement from your insurer, and if no other rate has been expressly agreed between you and **Practice Plus Group**, the **Practice Plus Group** national **Price List** will apply to your treatment cost.
- 6.9 In the event that any charges are not paid for as part of your **Private Medical Insurance**, we will invoice you for such charges when we have completed the **Services**. You must pay each invoice within thirty (30) calendar days after the date of the invoice.

## 7. FOLLOW-UP AND COMPLICATIONS

7.1 While we will always try to meet your expectations, we cannot guarantee the result of any procedure, care or treatment, and it is possible that complications with your treatment or surgery can occur. Your consultant will explain these to you before your treatment and you are also encouraged to read and review the information provided to you following your pre-assessment.

### Self Pay patients

**This section only applies if you are paying for your treatment yourself**

7.2 The **Self Pay Treatment Price** covers the cost of your post-operative care and medical or surgical complications directly related to the **Services** we provided to you for up to 12 months following your discharge from the **Facility**, to the extent described in clause 5.1, provided that:

7.2.1 Such post-operative care and complications are treated at the **Facility**; and

7.2.2 You have followed the advice of your consultant and other healthcare professionals involved in your care or treatment at the **Facility**. The decision as to whether a complication is related to the procedure rests with your consultant or healthcare professional.

### Private Medical Insurance patients

**This section applies if you are paying for your treatment with your Private Medical Insurance**

7.3 Your treatment with us includes post-operative care and medical or surgical complications directly related to the **Services** we provided to you providing that:

7.3.1 Such post-operative care and complications are treated at the **Facility**;

7.3.2 You have followed the advice of your consultant and other healthcare professionals involved in your care or treatment at the **Facility**. The decision as to whether a complication is related to the procedure rests with your consultant or healthcare professional; and

7.3.3 Your agreement with your **Private Medical Insurance** provider includes these services as part of your policy, and it is within the timeframe stated in your policy.

## 8. CHANGES TO THESE TERMS

8.1 We may change these **Terms** at any time, including, for example:

8.1.1 where we reasonably consider it will make it easier to understand;

8.1.2 because of changes to the law, codes of practice or the way in which we are regulated; or

8.1.3 to cover a development or change in the **Services** that we provide.

8.2 If we have to change these **Terms** under clause 8.1, the new **Terms** will only apply to any new care or treatment that you may receive and will not apply to any care or treatment that you may be part-way through when the change to these **Terms** is made.

8.3 If you wish to end any care or treatment before it is completed, you may do so and your rights to do so are set out in clause 11.

## 9. IF THERE IS A PROBLEM WITH THE SERVICES

9.1 If you think there is any problem with the **Services** we provide please contact us and tell us as soon as possible. We will investigate the problem in accordance with our complaints procedure and try to address any issues as soon as we can. Please ask a member of staff for our complaints procedure or visit [www.practiceplusgroup.com/contact/](http://www.practiceplusgroup.com/contact/)

9.2 You have legal rights in relation to **Services** not carried out with reasonable skill and care, or if the materials we use are faulty or not as described. Nothing in these **Terms** will affect those legal rights.

## 10. EVENTS OUTSIDE OUR CONTROL

10.1 We will not be liable or responsible for any failure to perform, or delay in performance of, any of our obligations under these **Terms** that is caused by an event outside our reasonable control. This may include (amongst other things) where we have to suspend performance of the **Services** because of a change in the laws and regulations that apply, or because of changes requested by you

10.2 If an event outside our reasonable control takes place that affects the performance of our obligations under these **Terms**, we will contact you as soon as reasonably possible to notify you, and our obligations under these **Terms** will be suspended and the time for performance of our obligations will be extended for the duration of the event outside our reasonable control.

10.3 You may cancel the contract if an event outside our reasonable control takes place and you no longer wish us to provide the **Services**. Please see your cancellation rights under clause 12.

## 11. YOUR RIGHTS TO CANCEL AND APPLICABLE REFUND

### Self Pay & Private Medical Insurance Patients

**This section only applies if you are paying for your treatment yourself or by Private Medical Insurance.**

11.1 If you decide not to go ahead with the surgery or any other **Services** as part of your **Treatment**, you can contact us to cancel. This may incur a cancellation charge, based on our reasonably incurred costs and/or charges, as below;

11.2 For cancellation (more than 7 (seven) days before planned treatment or diagnostic) a full refund will be given for the cancelled service.

- 11.3 For cancellation within 7 (seven) days of planned treatment or diagnostic, a cancellation fee of 10% of the procedure price will be charged.
- 11.4 Subject to the above and clause 12, we will refund any due payments received in advance, less cancellation charges that have been made by you or on your behalf for **Services** that we have not yet provided to you. Any such refund will be made by cheque or electronic transfer, only to the cardholder or person who made the original payment. Please note we do not make refunds in cash.
- 11.5 If you need to cancel an outpatients appointment you can do so without charge provided we have at least 24 hours' notice. If you cancel within 24 (twenty four) hours of the planned appointment date, you may be liable for the full charge.
- 11.6 You can cancel an outpatients appointment within 24 hours without charge as long as you re-book the appointment at the point of cancellation. If you cancel your appointment less than within 24 hours before the date and do not re-book another appointment within a mutually agreeable period you will be charged the current **Self Pay Treatment Price** for that **Service** according to our **Price List**. You are able to rearrange your appointment twice without any charges being incurred.
- 11.7 If you do not attend your outpatients appointment and fail to notify a **Practice Plus Group Private Healthcare Co-ordinator** you will be charged for the appointment.

## 12. OUR RIGHTS TO CANCEL AND APPLICABLE REFUND

**This section only applies if you are paying for your treatment yourself**

- 12.1 We may have to cancel any appointment or admission date or any care or treatment to you before it is due to start for any reason, including, for example, due to unavailability of key personnel or key materials without which we cannot provide your care or treatment or because of an event outside our reasonable control.
- 12.2 We will promptly contact you if this happens and will always try to rearrange any appointment or admission dates with you. If we are not able to find suitable alternative dates and instead we have to cancel the provision of any part of the **Self Pay Treatment**, and payment in advance has been made by you or on your behalf, we will refund these amounts by electronic transfer only to the cardholder or person who made the original payment.
- 12.3 We may cancel any appointment or admission date or any care or treatment at any time if you do not pay us when you are supposed to.
- 12.4 If we cancel your outpatients appointment for any reason you will be offered another appointment. If you decide not to rebook we will refund any payment you have already made for that appointment within thirty (30) days of you telling us of your decision.

## 13. OTHER IMPORTANT TERMS

- 13.1 This contract is between you and **Practice Plus Group Hospitals Limited** or any member of the **Practice Plus Group**. Your **Treatment Letter** will name the relevant entity. No other person shall have any rights to enforce any of its Terms.
- 13.2 We may transfer our rights and obligations under these **Terms** to another organisation, and we will always tell you in writing if this happens, but this will not affect your rights under these **Terms**.
- 13.3 If a court finds part of this contract illegal, the rest will continue in force. Each of the paragraphs of these **Terms** operates separately. If any court or relevant authority decides that any of them are unlawful, the remaining paragraphs will remain in full force and effect.

- 13.4** Even if we delay in enforcing this contract, we can still enforce it later. If we do not insist immediately that you do anything you are required to do under these **Terms**, or if we delay in taking steps against you in respect of your breaking this contract, that will not mean that you do not have to do those things or prevent us taking steps against you at a later date. For example, if you miss a payment and we do not chase you but we continue to provide the **Services**, we can still require you to make the payment at a later date.
- 13.5** These **Terms** are governed by English law and you can bring legal proceedings in respect of the services in the English courts. If you live in Scotland you can bring legal proceedings in respect of the services in either the Scottish or the English courts. If you live in Northern Ireland, you can bring legal proceedings in respect of the services in either the Northern Irish or the English courts.
- 13.6** Your rights under the Data Protection Act 2018 are explained in our Data Privacy and Processing Notice, which is available at [www.practiceplusgroup.com/privacy-notices](http://www.practiceplusgroup.com/privacy-notices)

## **14. INFORMATION ABOUT US AND HOW TO CONTACT US**

- 14.1 Practice Plus Group Hospitals Limited** is a company registered in England and Wales. Our company registration number is 03462881 and our registered office is Hawker House, 5-6 Napier Road, Reading, Berkshire RG1 8BW.
- 14.2** You can contact us by telephoning the **Facility** where you are receiving care or treatment or by letter at the address set out in clause 14.1. or by email: [privatepatient@practiceplusgroup.com](mailto:privatepatient@practiceplusgroup.com)
- 14.3** If we have to contact you we will do so by telephone or by writing to you at the email address or postal address you provided. It is important that you tell us in writing at the **Facility** where you are receiving treatment of any changes to your contact details.
- 14.4** When we use the words “writing” or “written” in these **Terms**, this includes emails.

Contact our Private Patient Sales Advisors at  
[privatepatient@practiceplusgroup.com](mailto:privatepatient@practiceplusgroup.com) or call us on **0333 321 8279**  
**practiceplusgroup.com**