Practice Plus Group

Private patient services

Diagnostic imaging

terms and conditions

Contents

Our Terms

1. OUR CONTRACT WITH YOU

1.1 These are the **Terms** on which **Practice Plus Group Hospitals Limited** supply privately funded **Diagnostic Imaging Procedures**.

1.2 These **Terms**, together with the **Appointment Letter** and the Private Patient **Terms** and Conditions Form constitute the contract between you and us. We require agreement ahead of any **Diagnostic Imaging Procedure** taking place.

1.3 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 undergo a **Diagnostic Imaging Procedure** as set out in the **Appointment Letter**.

1.4 We will provide you with a simple report of the results of your **Diagnostic Imaging Procedure, which includes a description of findings (“Results”). Practice Plus Group** will only be carrying out the **Diagnostic Imaging Procedure** and providing the **Results** to you. We are not responsible for any diagnosis or interpretation of the **Results**. It is important that you consider whether you will need further professional advice once you have the **Results** and, if needed, make separate independent arrangements for this.

2. DEFINITIONS

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

Appointment Letter: The letter you will receive advising you of the type, date and time of your **Diagnostic Imaging Procedure**.

Diagnostic Imaging Price: The price of the specified type of **Diagnostic Imaging Procedure** required.

Diagnostic Imaging Procedure: The type of medical scan which will be undertaken, such as MRI, ultrasound, echocardiogram or X-ray.

Facility: Any unit or hospital operated by **Practice Plus Group** at which the **Diagnostic Imaging Procedure** is provided to you.

Medical Indemnity Insurance: Any malpractice cover for independent practitioners or any private medical indemnity insurance.

Price List: Our national **Price List** includes all the costs of our **Diagnostic Imaging Procedure**s. You can find It hem here: practiceplusgroup.com/private-patient-care/prices/

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).

Self-Referral: Where you independently choose to make an appointment for a Diagnostic Imaging Procedure without a referral by a clinician involved in your care or treatment

Terms: the terms and conditions as set out in this document.

3. YOUR BOOKING AND PERSONAL DETAILS

3.1 When you have booked a **Diagnostic Imaging Procedure** at our **Facility** we will confirm the type, date and time in an **Appointment Letter**.

3.2 We will need certain personal and medical information from you that is necessary for us to provide the **Diagnostic Imaging Procedure**. This can be requested by anyone involved in your care or treatment and before a booking can be made. If you do not provide this, after being asked by us, or it is incomplete or inaccurate, we may not be able to undertake the **Diagnostic Imaging Procedure**.

3.3 By signing these **Terms** you agree that any personal and medical information provided to us is true to the best of your knowledge.

4. PRICE AND PAYMENT

4.1 Your **Diagnostic Imaging Price** will be charged in accordance with **Practice Plus Group**'s national **Price List**.

4.2 You will be informed of and must pay the **Diagnostic Imaging Price** upon booking your **Diagnostic Imaging Procedure** appointment in the **Facility** by credit or debit card. We may refuse the booking if you have not paid in full or if the payment has not completed. Your rights to a refund and cancellation are set out in clause 8 and 9.

4.3 Unless we have said otherwise, for example, in your **Appointment Letter**, the **Diagnostic Imaging Price** includes:

4.3.1 The **Diagnostic Imaging Procedure** such as MRI, Ultrasound, Echocardiogram or X-ray.

4.3.2 Any pre-scan telephone calls or assessments undertaken by the **Facility**.

4.3.3 Reporting of your **Diagnostic Imaging Procedure** results which will be sent to you.

4.4 If you have **Self-Referred**, we will share the results of your **Diagnostic Imaging Procedure** with your GP, for their information only unless clause 6.3 applies. If you would like us to share the result with someone other than your GP, you can let us know about this request when booking your **Diagnostic Imaging Procedure**. This clause does not apply if someone else, such as a health care professional, has referred you to **Practice Plus Group** for the **Diagnostic Imaging Procedure**.

4.5 If we need to repeat your **Diagnostic Imaging Procedure** because of a technical issue as a result of an error caused by **Practice Plus Group**, then this will be free of charge. If we need to repeat your imaging because of poor image quality due to patient movement, then this will be charged.

4.6 If the report states that another **Diagnostic Imaging Procedure** is recommended e.g. Additional body part, you would be charged in accordance with **Practice Plus Group**'s national **Price List**.

5. CHANGES TO THESE TERMS

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

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

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

5.1.3 to cover a development or change in the **Diagnostic Imaging Procedure**s that we provide.

6. PRIVATE MEDICAL INSURANCE

This section applies if you are using your **Private Medical Insurance Policy**

6.1 You will remain responsible for the payment of your treatment where you have **Private Medical Insurance**, however:

6.1.1 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.

6.1.2 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;

6.1.3 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

6.1.4 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.

6.2 **Practice Plus Group** will ask you for your credit or debit card details when you make your appointment over the phone which will be securely held in a tokenised format. You understand that we will keep these details for up to twelve months after any Services have been undertaken. If you do not pay any outstanding bills, excess or shortfall, you agree that we can debit the outstanding balance from your card upon at least 7 days of notice to you.

6.3 Unless we have said otherwise, for example, in your **Appointment Letter,** the details of what is included and excluded in the **Services** we provide 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.

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 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**.

6.7 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.

6.8 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. IF THERE IS A PROBLEM WITH THE SERVICES PROVIDED

If you think there is any problem with the experience or care 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 practiceplusgroup.com/contact/

7.1 You have legal rights in relation to **Diagnostic Imaging Procedures** not carried out with reasonable skill and care. Nothing in these **Terms** will affect those legal rights and we do not exclude responsibility for death or personal injury caused by our negligence in the delivery of the **Services**, or responsibility for any other matter which legally we cannot exclude our liability.

7.2 In clause 1.4 above, we explained that **Practice Plus Group** will only undertake the **Diagnostic Imaging Procedure**, provide you with a **Result** and send to your GP for their information only. If you need this **Result** explaining to you, or you need to know what to do next, you will need to contact a relevant healthcare professional. If however, the **Diagnostic Imaging Procedure** shows an urgent anomaly or serious unexpected finding we will contact your GP as soon as possible and ensure they are aware of the urgent nature of the findings, **Practice Plus Group** will not take any further action in relation to the **Results**.

8. EVENTS OUTSIDE OUR CONTROL

8.1 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 the Diagnostic Imaging Procedure because of a change in the laws and regulations that apply.

8.2 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.

8.2.1 You may cancel the contract if an event outside our reasonable control takes place and you no longer wish to continue.

9. YOUR RIGHTS TO CANCEL AND APPLICABLE REFUND

9.1 If you decide not to go ahead with the **Diagnostic Imaging Procedure** you can contact us to cancel. This may incur a cancellation charge as below.

9.2 For cancellation more than 7 (seven) days before planned **Diagnostic Imaging Procedure** full refund will be given for the cancelled service.

9.3 For cancellation within 7 (seven) days of planned **Diagnostic Imaging Procedure**, a cancellation fee of 10% of the price will be charged.

9.4 Subject to the above and clause 9, we will refund any due payments received in advance, less cancellation charges that have been made by you or on your behalf. Any such refund will be made by electronic transfer, only to the cardholder or person who made the original payment. Please note we do not make refunds in cash.

9.5 If you do not attend your **Diagnostic Imaging Procedure** and fail to notify a **Practice Plus Group** Private Healthcare Co-ordinator you will be charged in full for the appointment.

9.6 If the **Diagnostic Imaging Procedure** is abandoned on the day due to claustrophobia, one additional scan will be booked free of charge at a time that suits you.

10. OUR RIGHTS TO CANCEL AND APPLICABLE REFUND

10.1 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.

10.2 We will promptly contact you if this happens and will always try to rearrange any appointment or admission dates with you. Where advance payment has been made and we are unable to find suitable alternative dates and have to cancel the **Diagnostic Imaging Procedure**, we will refund these amounts by electronic transfer only to the cardholder or person who made the original payment.

10.3 If we need to cancel your **Diagnostic Imaging Procedure** for medical reasons, we will discuss this with you and whether a rebooking is possible. If not possible, a full refund will be offered.

11. OTHER IMPORTANT TERMS

This contract is between you and **Practice Plus Group Hospitals Limited**

11.1 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.

11.2 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

11.3 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.

11.4 Your rights under the Data Protection Act 2018 are explained in our Data Privacy and Processing Notice, which is available at practiceplusgroup.com/privacy-notices

11.5 We hold **Medical Indemnity Insurance** with a reputable insurance organisation in the healthcare industry which covers staff members whilst they are on duty and working at any of our **Facilities**, and if needed to compensate a patient.

12. INFORMATION ABOUT US AND HOW TO CONTACT US

12.1 **Practice Plus Group Hospitals Limited** is a company registered in England and Wales. Our company registration number is 03462881 and our registered office is Building 2, Harlequin Office Park, Fieldfare, Emersons Green, BS16 7FN. 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

12.2 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 notify any changes to your contact details in writing to the **Facility** where you are receiving treatment.

12.3 When we use the words “writing” or “written” in these **Terms**, this includes emails.

Private Patient Terms and Conditions

This **Private Patient Terms and Conditions Form**, combined with your **Appointment Letter** and **Practice Plus Group's Diagnostic Imaging Terms and Conditions** document (together, our **Terms**) form the basis of our contract with you.

I agree to **Practice Plus Group's Terms** relating to my care and treatment and confirm that any information I have provided about myself and medical conditions is accurate and true to my knowledge:

I also confirm that I have read the Practice Plus Group privacy notice (available at www.practiceplusgroup.com/privacy-notices) and consent to my data being processed in accordance with this notice.

Name	
Signature	**Date**

I consent to Practice Plus Group using my contact details and sending me information about future events and services that may be of interest to me. I acknowledge that I can opt out at any time by contacting the central enquiry centre.

I consent	I do not consent

Personal information which you supply to us (including sensitive personal information) may be used in connection with:

- your treatment and care, including any NHS treatment
- medical examinations or assessments

We may for those reasons also share your medical information with, and obtain information about you, from:

- others, including medical practitioners, such as your GP, physician anaesthetist, surgeon, therapist, or their agents, or anyone else involved in your care or treatment, including some who may be based outside the European Economic Area.
- NHS Trusts, NHS Foundation Trusts and Clinical Commissioning Groups.
- those responsible for paying your fees in the case of you using our finance option.

We may disclose your information to any member of our group; and, if any of our business is bought by a third party, information we hold about you, including sensitive information, may be disclosed as part of such sale. We will not otherwise disclose any information about you to anyone else except with your consent, to help prevent fraud, or if required or permitted, to do so by law. We participate in national audits and initiatives to help ensure that patients are getting the best possible outcomes from their treatment and care. We will use your personal information in order to monitor the outcome of your treatment by us and any treatment associated with your care, including any NHS treatment. The highest standards of confidentiality will be applied to your personal information in accordance with data protection law and confidentiality. Any publishing of this data will be in anonymised statistical form.

Contact our Private Patient Sales Advisors at
privatepatient@practiceplusgroup.com
or call us on **0333 321 8279**

practiceplusgroup.com

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