

Paying for your outpatient care

Helpful information about paying for your treatment

Looking after you.

Paying for your outpatient care

Spire Healthcare has a payment service which makes this process as easy as possible for you – whether or not you are insured.

If you're paying for your treatment

Many patients choose to pay for treatment themselves and we aim to make this as simple as possible for you.

We will ask you for your credit or debit card details when you come in to the hospital or when you make your appointment. Payment will usually be taken on the day of your appointment.

If we have been unable to take payment on the day of your appointment, you will receive an invoice statement shortly after your visit and after 14 days your card will be charged automatically.

You may also receive a consultant's invoice in addition to any hospital fee for treatment or investigations that you have had. Unless you have been notified otherwise, your consultant will invoice you separately for the treatment they provide.

If you have a query regarding any charges on your invoice statement, please let us know as soon as possible so that we can deal with any query or misunderstanding.

If your consultant has requested a diagnostic investigation such as MRI or CT scanning, you will need to pay for this test on the day you attend your appointment

Upon your request we will let you know the cost of this investigation in advance and payment will need to be made by credit/debit card.

If you have private medical insurance

We aim to ensure that all aspects of your treatment are looked after in the processing of your insurance claim.

Before any consultation, you should always contact your insurer to check that your cover is adequate, and that your condition is covered.

For instance, is there:

- An excess on your policy?
- An annual outpatient charge limit?
- Outpatient cover regardless of admission to hospital?

Please bring the following information with you when you visit the hospital:

- Insurance company name and scheme details
- Membership or policy number
- Any confirmation of eligibility provided by your insurance company such as pre-authorisation or claim reference number

Some people find that they are not fully covered by their insurance policy. This is usually due to having an excess on the policy or because certain investigations or treatments are not covered due to an annual limit. Please note that pharmacy items prescribed on a private prescription for outpatient visits are not covered by any insurer and you will need to pay for these by credit/debit card.

As a result of insufficient cover, you may have incurred charges that need to be paid. These outstanding charges may not be identified until several weeks after your hospital visit and when your insurer has settled only part of our invoice. We will, therefore, ask you for credit/debit card details, which will enable us to take care of any outstanding payments not covered by your policy. We will hold your card details for a period of time but may need to request them again for future visits. If a relative or friend has provided their details, these will only be used for continued outpatient visits with the one consultant for whose services the card was offered

The process is simple. Your insurer informs you that there are outstanding charges due to Spire Healthcare and we will write to you to confirm the amount you need to pay. You will have seven days from the date of our letter to query this outstanding payment before your card is debited.

Patients unable to provide full insurance policy details

If you are unable to provide us with your full private medical insurance details you will be asked to pay any hospital charges on the day of your visit. This is made easy by providing us with credit/debit card details.

We will provide a receipt on request for you to present to your insurer for reimbursement

You will always be informed of the cost of any treatment before or at the time that this takes place.

Note for all patients

Credit/debit card details are held securely on the hospital system in accordance with industry standards. You will have seven days in which to query any charges.

If you have any queries regarding any charges on your invoice statement, the hospital's central finance office is available to discuss this with you.

For your convenience, we have listed the telephone numbers of the UK's major insurers overleaf.

Please refer to the Spire Healthcare Patient Terms and Conditions for full details of the terms that apply to your treatment. These are available at **www.spirehealthcare.com** or by request from your local hospital.

Insurer	Telephone	Opening hours	
Aviva	0800 068 5821	Monday — Friday Saturday	8am – 6.30pm 9am – 1pm
AXA Health	0800 132 203	Monday — Friday Saturday/Bank Holidays	8am – 8pm 9am – 5pm
BUPA	0345 609 0111	Monday — Friday Saturday	8am – 8pm 8am – 4pm
CIGNA	01475 492 145	Monday — Friday Saturday	8am – 8pm 9am – 12pm
General and Medical	0800 970 9442	Monday – Friday	8.45am – 5.15pm
Vitality Health	0345 602 3523	Monday — Friday Saturday	8am – 7pm 9am – 1pm
WPA	01823 625 000	Monday – Friday	9am – 5pm

If your insurance company is not listed above, please refer to your policy documents for a contact number.



Spire Healthcare

3 Dorset Rise London EC4Y 8EN

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