

Mr Tamoor Usman
Consultant Breast Surgeon
Nuffield Health
Longden Road
Shrewsbury, SY3 9DP

Appointments: 01743 282 500
Secretary: 01952 641 222 Ext 4606

REGISTRATION FORM

Todays Date:	
PATIENT INFORMATION	
First Name:	Surname:
Address 1:	
Address 2:	
Town/City:	Post Code:
Home Telephone:	Mobile:
Email:	
Who is paying for the consultation and any associated investigations? (please tick one box)	Patient
	Insurance Company
INSURANCE INFORMATION	
Insurance Company:	
Membership Number:	
Authorisation Number (if available):	
DECLARATION	
I agree to be responsible for the payment of fees to Apley Medical Ltd for professional services provided by Mr T Usman.	
Signature:	
TERMS	
Please note that if you are insured the invoice will be sent directly to your insurance company. If you have an excess or co-payment agreement, then you will be advised to pay the balance by your company. You may be sent a separate invoice by Apley Medical to cover the balance. Please include your email address in the information above if you wish to pay the consultation fee (self pay) or any shortfalls (insured) by credit card. This will be used to send you an electronic invoice for an online payment. All payments are due immediately on receipt of the invoice. You will be responsible for any fees associated with the recovery of professional fees in the event of non-payment or underpayment. Please keep a copy of this form for your records.	
I wish to pay by (please tick one box)	BACS or cheque
	Credit or debit card