

Mr Tamoor Usman

Consultant Breast Surgeon
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Appointments: 01902 793 269
Secretary: 01952 641 222 Ext 4606

REGISTRATION FORM

PATIENT INFORMATION	
Name:	
Address:	
Town/City:	
Post Code:	
Home Telephone:	
Mobile:	
Date of Birth:	
Who is paying for the consultation and any associated investigations? (please tick one box)	Self-Pay
	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:	
Date:	
TERMS	
<p>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.</p> <p>All payments are due immediately on receipt of the invoice or shortfall reminder. You will be responsible for any fees associated with the recovery of professional fees in the event of non-payment or underpayment.</p> <p>Please keep a copy of this form for your records.</p>	