

## **PHIN Post Consultation Letter**

[date]

[patient name]  
[patient address]

Dear [patient name]

### **Next steps**

Thank you for coming to see me at [name of hospital or clinic] for an outpatient consultation. This letter sets out some important information that I am required by law to provide to you. This is for your information only and is not a bill. As this includes information about my charges, if you do not have private medical insurance but someone else will be paying your bill, you may wish to pass a copy of this letter to them. Please note that even if someone else is paying your bill or you have private medical insurance, you are responsible for paying any charges which they do not pay.

### *Treatment and its Cost*

As discussed, I recommend you have treatment, specifically [insert details of treatment]. The purpose of this would be to [insert reason for the treatment].

I am required by law to provide an estimate of the total consultant cost of the treatment pathway I am recommending and to let you know of all consultant fees that will be charged separately to any fees charged by the hospital or clinic.

[My fee for the treatment I have recommended is £[insert amount]]  
OR

[The fee for the treatment I have recommended is set by the insurers and [ranges from £[insert amount] to [insert amount]] OR [will not exceed £[insert amount]].

In addition to my fee, there will be a hospital fee and other consultants involved in your care, such as an anaesthetist and [insert details of other consultant specialty if there are others], will also make a charge.

[if applicable - When we discussed the treatment I recommended, I explained that there were alternative or additional treatments which may be preferable, but that I would not be able to decide which of these would be most appropriate until we got to surgery. To help you consider those options, below I set out details of these and the associated fees:

[insert details of options / additional treatments and fees]]

[Following your treatment, I would like to see you for [a/[number of] follow-up appointment(s).]  
OR

[Following your treatment, I would like to see you for follow up; it is difficult to specify exactly how many follow-up appointments will be required at this stage]  
OR

[I do not anticipate any need for you to attend a further appointment following the treatment, but you are of course very welcome to make an appointment to come back to see me if you have concerns.] As advised previously, my fee for any follow-up consultation will not exceed £175.00. These estimates are correct as at the date of this letter. Should you cancel your appointment with less than 24 hours' notice, or fail to attend without contacting us a cancellation fee of up to an amount of £50 may be charged to cover the costs associated with booking a clinic room. Appointments may be cancelled or re-scheduled with 24 hours' notice without charge.

*Services not included in the estimate*

Please note that unless otherwise advised, the estimate detailed above does not include details of any further tests or treatment subsequently recommended or carried out [nor [*insert details here about any other services which have not been included*]].

All treatment carries risks and it is possible you experience or develop an unforeseen complication that may, for example, require you to return to theatre, be cared for in an intensive care or high dependency unit, stay in hospital longer than anticipated, or be transferred to another hospital. I have not included the costs associated with each of those unanticipated outcomes in the estimate provided above.

*Private Medical Insurance*

If you have private medical insurance, please contact your insurer before you book for the tests treatment I have advised, to confirm that these recommended next steps are covered by the terms of your policy.

Please note you are responsible for any fees not covered by your insurer.

*Quality Information*

You can compare independent information about the quality of private treatment offered at the hospital and other private healthcare providers from the Private Healthcare Information Network (PHIN) website: [www.phin.org.uk](http://www.phin.org.uk).

Yours Sincerely

---

**Daniel Walsh FRCS(Neurosurg.)**  
**Consultant Neurosurgeon**  
**GMC No. 4232522**