



Terms and Conditions

The Contract

These Terms and Conditions constitute the contract between The Whiteley Clinic Ltd and the Patient and are deemed to be accepted by the Patient by virtue of completion of the Registration Form/Agreement for Services at the first appointment with The Whiteley Clinic Ltd. These terms and conditions contain the entire agreement between parties and no variation or alteration to these terms and conditions shall be valid unless such a variation is agreed in writing by The Whiteley Clinic Ltd and the Patient.

Please note that unlike purchasing a product, medicine is a service aimed at correcting a medical problem that has occurred. The natural history of biological systems is to get older and for medical problems to get worse. Your medical professionals at The Whiteley Clinic will do their utmost to give you the very best outcome from any investigation or treatment that you have under our care. However, as in keeping with all medicine, please note that all fees charged are for the service provided. In medicine, no outcomes can be guaranteed and so the fee is not related to any results of investigation or treatment - but only to the service provided

Self-funding your treatment

Where patients are self-funding their treatment, the costs of all consultations, investigations and treatments will be required to be paid in full on the day of an appointment. Please therefore ensure you have requested a quote from us for all aspects of your treatment. You will receive a detailed invoice at your appointment and payment must be made in full prior to leaving the clinic. Please let us know without delay if you have any queries in relation to your invoice. Payment may be made by credit card, debit card, cheque or cash. Please be aware that all credit card transactions will incur a 2% surcharge.

Medical Insurance

It is necessary that you advise your insurance company that you are attending The Whiteley Clinic Ltd for consultation and possible diagnostic tests before your visit. Please confirm with your insurance company if there is an excess to pay. Your insurance company will tell you whether your policy will cover the treatment and how to make a claim. There may be some aspects of the treatment, diagnostic tests or pharmaceutical items which are not covered by insurance and these will be payable by you personally (see also "Treatment Costs/Procedural Specific Notes" below).

Patients with private medical insurance must bring a full insurance certificate (this must include the name of the insurance provider, membership number and be in date) with them for their first appointment together with any confirmation of eligibility such as pre-authorisation or a claim reference number. If you are unable to produce your certificate or your insurance does not cover the cost of your treatment we will charge you according to a self funding patient agreement as detailed above.

Cover by your insurance company must be agreed with your insurance provider prior to booking any stage of treatment. Please also be aware that you are responsible for the outstanding balance of any procedure or consultation should your insurer not settle your account in full for any reason. It will be your responsibility to confirm cover with your insurance company, as we are unable to negotiate this on your behalf. It is important that you check with your insurance company as to whether there is an excess payable on your policy, whether your cover is adequate (for example whether there is an annual out-patient charge limit) and that they will cover all the required tests, as not all insurance providers do so (see Treatment Costs/Procedural Specific Notes below.)

If your treatment is covered by your insurance company, the cost of your initial consultation, investigations and follow-up consultation must be paid in full before we are able to book your subsequent treatment schedule. In order to speed up this process you may select to pay these charges personally and receive a receipt from us to present to your insurance company for reimbursement.

NHS Funding

The Whiteley Clinic Ltd is an independent facility where the majority of treatments performed are self-funded by patients or covered by insurance providers. NHS referrals are only accepted where the full cost of treatment is agreed in writing by the relevant Primary Care Trust prior to any consultation or course of treatment.

Estimates

Any estimate for treatment provided by The Whiteley Clinic Ltd is valid for 3 months. Alterations to the operation codes or procedures may in some circumstances lead to an alteration in your final account. All efforts will be made to maintain the original codes and estimate wherever possible.

Where there is a difference between the estimate provided and your entitlement to benefit from an insurance policy, any balance due will be your responsibility. Please inform your insurance company of your estimate before your arrival and please ensure that they are given the procedure description and also the procedure codes. Not all insurance companies cover all procedures.

Treatment Costs/Procedural Specific Notes**Microsclerotherapy**

The cost of microsclerotherapy is not covered in full by some insurance providers. Please be aware that you will be responsible for any shortfall in your insurance cover.
(Please note: BUPA will not fund microsclerotherapy unless it is deemed clinically eligible.)

Foam Sclerotherapy

The cost of foam sclerotherapy is not covered in full by some insurance providers. Please be aware that you will be responsible for any shortfall in your insurance cover.
Foam sclerotherapy is charged per session. Please be aware that you may require more than one session to treat one or both legs.

Diagnostic tests and scans

Some insurance providers do not cover the cost of scans (such as ultrasound scans) and diagnostic tests (such as PPG's and ABPI's).
If this is the case you will be required to cover the cost of these procedures personally.

DVT Scans

Please be aware that there is a charge for all DVT scans. This charge will also apply if your consultant recommends that you return to the clinic for a DVT scan following your treatment.

Blood release

Blood release required following your foam sclerotherapy treatment, at the time of your post-foam sclerotherapy check with our sonographer, is charged per session. Please note that if further sessions of blood release are required, these would attract an additional charge.
Some insurance providers, including BUPA, will not fund blood release.

Stockings

A pair of stockings per leg treated is included in our local anaesthetic package prices. If you require additional pairs of stockings these will be charged at our list price.

Lymphoedema Therapies

The cost of lymphoedema treatments may not be covered by your insurance provider. Please be aware that you will be responsible for any shortfall in your insurance cover.

Pharmacy Items

Any pharmacy items prescribed for out-patient visits are not covered by insurance.

Non-attendance fees

Please be aware that non-attendance fees apply to all consultations, scans and local and general anaesthetic procedures when less than 48 hrs notice of cancellation is given. Most insurance providers, including BUPA, will not cover the cost of these charges.