**The Quay Surgery**

**Patient Registration Questionnaire, Insurance Details and Patient Declaration**

Please provide the following information. We will use this to determine whether you are eligible to register as a permanent or temporary resident for free treatment on the NHS and eligible to complete a GMS1 or GMS3 registration form or whether you should have a private registration and be subject to practice private charges.

Full Name ...............................................................................................................................

Temporary UK Address ..........................................................................................................

Home Address Overseas .......................................................................................................

Date of Birth ...........................................................................................................................

Are you on holiday (this includes long visits to family and friends)? Yes / No

How long have you been living in the UK? ......... months / years

For how long will you be staying in the UK? ......... months / years

**Part 1 – Please provide one document for each of the appropriate sections below**:

1. Passport & Visa (if applicable) 🞎
2. European Health Insurance Card (if available). NB This covers only your Hospital Medical Care, not care provided by the General Medical Practice. 🞎
3. Right to stay in the UK, if from outside the EEA
   * Identity papers from the Home Office – showing right to remain in the UK 🞎
   * Proof of attendance at student course,

lasting more than six months in the UK 🞎

* + Proof of attendance at UK government-sponsored student course

lasting more than six months in the UK 🞎

* + Entry clearance document (stamped) 🞎
  + Current residence permit (stamped) or Biometric Residence Card 🞎
  + Work Permit 🞎
  + Other proof of working in the UK for more than 6 months 🞎
  + Ancestral Visa 🞎
  + Birth Certificate 🞎

1. Evidence of your UK address (Your name & address must appear on the form)
   * Local authority rent card 🞎
   * Paid utility bills 🞎
   * Bank/Building society cards/statements 🞎
   * National Insurance number card 🞎
   * Current employment payslip 🞎
   * Letter from Benefits Agency/benefit book/signing on card 🞎
   * UK Pension book 🞎
   * Official tax document 🞎
2. Insurance Details (As applicable, if seeking registration as a private patient for Primary Care General Medical Services, which may lead to a private referral for Secondary Care Services)

*I hereby authorise the GP Practice, or its authorised agents, to make enquiries with my insurers to confirm the extent of, and the limits to, my health insurance policy. My insurance details are:*

*Insurers Name ...................................................................................................................................*

*Insurers Address ................................................................................................................................*

*Postcode ................................................... Telephone number ........................................................*

*Policy number ........................................... Authorisation number ....................................................*

*Benefits Administrator .......................................................................................................................*

*Notwithstanding the provisions of my personal undertaking. I agree to assign to the GP Practice any of my rights to be paid for private patient charges by my insurers in respect of the current episode of treatment provided. Should there be any shortfall in payment by the insurer I understand that and agree to accept full liability I also unreservedly authorise disclosure of any medical notes including the provision of copies thereof to my insurer as part of their claim and payment processing requirements.*

***Declaration: (To be signed whether applying for private or NHS patient registration)***

*I have read and understood the reasons I have been asked to complete this form, and agree to be contacted by the GP practice to confirm any details given above. I agree that the relevant official bodies can be contacted to verify any statement I have made, should this be necessary. The information I have given on this form is correct to the best of my knowledge, I understand that if I knowingly give false information or deliberately withhold information then further action may be taken against me. This may include referring the matter to the Counter Fraud Service in Wales or the BCUHB Counter Fraud Specialist Team. Further, I understand that monies which may apply to be due under the GP private patient tariff would be payable and in the event of non-payment would be subject to a recovery action by the GP practice. I understand that should my registration be accepted on the NHS all primary care treatment would be free and understand that Overseas Visitor patients may be subject to charges for certain services provided by NHS hospitals under the Welsh Government hospital charging regulations. I understand I have a duty to report to the hospital reception a permanent overseas residential address in addition to residing at any UK temporary address.*

***Signed by .................................................................................. Date ....................................***

***or on behalf of: ............................................................. (Child under the age of 16 years)***

***Important: Please read carefully before signing this form***

*NHS primary care (including General Medical Practice and hospital treatment is not free to all and all bodies potential NHS treatment have either a legal duty or the option to establish entitlement. If it is deemed necessary by the GP Practice, the information you provide will be passed to the Home Office Immigration Compliance /Enforcement (HOIC/E) for ascertaining your immigration status, which may affect your eligibility for free NHS hospital treatment. The HOIC/E is responsible for securing the UK border on controlling migration for the benefit of the UK. The information provided will be used and retained by the HOIC/E for its functions, which include enforcing immigration controls overseas, at the port of entry and within the UK. The HOIC/E may also share this information with other law enforcement organisations and authorise debt recovery agents for purposes including national security investigation and prosecution of crime, and collection of fines and civil penalties. If you fail to pay for NHS treatment for which charges may have been levied, it may result in future immigration application to enter or remain in the UK being denied. Necessary (non-medical) personal information may be passed via the Welsh Government to the HOIC/E for this purpose.*