

**Miss Louise E Allen MD FRCOphth**  
**Consultant Ophthalmic Surgeon**

**Terms, Information about Fees and Privacy Notice for private patients**

Effective December 2024

**General**

By attending for consultation or treatment, you agree to my terms and to pay any fees due to me for such consultation or treatment.

**Services provided by other specialists working with me in my practice**

If I consider it advisable, and with your consent, you may also be seen by another practitioner, such as a registered orthoptist or contact lens fitter, who works with me in my practice.

Orthoptists are registered practitioners who specialise in analysing eye movements and the way that the eyes work together. I consider this an important service for my patients who have disorders of ocular motility.

Orthoptic services are provided by the Spire Cambridge Lea Hospital and I work regularly with Mrs Anne Hitchcock, who is an experienced orthoptist. Fees for orthoptic services will be charged by the hospital, which will provide further information on request.

**Information on Fees**

I will send you details of the procedure code and description of the service(s) which I anticipate providing in advance, together with an estimate of my fees. I will also ask you to agree to these terms if you have not already done so.

Please note that my fees do not include any charges which may be made by the hospital or clinic for use of their facilities or equipment for tests or procedures. For a consultation, there are not normally any hospital charges but, if the anticipated services described include other tests or procedures, you should contact the hospital before you attend for an estimate of their charges.

My fees for consultations, procedures and surgery are generally aligned with those of colleagues providing a similar level of service and expertise. However, if you are insured your insurance company is likely to have its own scale of charges, which may differ. Please see below.

*My Consultation Fees:*

..for an initial consultation ( procedure code 20300), will not exceed £245

..for a follow up consultation (procedure code 20310), will not exceed £175

These estimates are correct at the date these terms are sent to you or are downloaded from my web site. My current consultation fees and indicative fees for some other procedures are also published on my web site.

My fees are the same for self-pay and insured patients, but where a claim form is required (paper or electronic) instead of or in addition to an invoice, the latter may be increased, as set out below.

*Fees for special tests or minor procedures carried out in the outpatient clinic:*

Before or after your consultation, you may need certain tests to help me diagnose your condition, such as blood tests or imaging. For example: a visual field test, biometry (eye measurements), special photographs, X-ray, MRI or CT scan.

I may also advise that you should have a minor procedure, which can often be carried out during or immediately after your consultation, such as minor eyelid surgery or laser treatment.

Such tests or procedures cannot always be anticipated in advance of the appointment but, if they are necessary, I will explain the test or procedure and the reason for it, you will be advised of my fee and any hospital charge and asked to sign your agreement.

*Fees for procedures carried out in the operating theatre as a day patient or inpatient:*

I will send you details of the procedure code and description of the anticipated service(s), as above.

Anaesthetist's fees, if applicable, are charged independently. The name and contact details of your anaesthetist will be provided on request.

*Other charges*

Should you cancel your appointment with less than 48 hours' notice, a cancellation fee of up to 50% of the consultation fee may be charged.

A fee may be charged for completion of claim forms, or for medical or other reports requested in addition to my normal clinic or post-operative letters and invoice. This reflects the additional time and work required and applies whether forms are completed in writing or by electronic means. For claim forms the minimum charge will be £10. For reports, the fee will depend on complexity and time required and will be advised in advance if the form or report is requested by you.

**Payment of Fees**

Following consultation or treatment I will send or give you an invoice for my professional fees. Payment of my invoices is due on presentation.

If you are insured and have supplied your insurance details, the invoice for my services will, in most cases, be sent directly to your insurance company on your behalf, unless you request otherwise. Should I need to invoice you directly, payment will be due on presentation, irrespective of whether you have received any reimbursement due from your insurance company.

The preferred method for payment of my fees or charges is by internet transfer to my bank but payments can also be taken in cash or by cheque. Payment can also be made by credit or debit card if no other means are available and can be taken over the phone by arrangement.

In all cases, you will remain responsible for payment of my fees including any excess or other amount which your insurance company declines to pay. You are strongly advised to confirm in advance with your insurance company that your consultation and any treatment required is covered and whether you have an excess on your policy.

If all or part of an invoice I have sent directly to you remains unpaid for 30 days or more, I reserve the right to charge an administrative fee of up to £50 plus interest on the outstanding amount at the rate applicable to judgment debts from time to time.

### **Private Medical Insurance**

If you have private medical insurance, please contact your insurer before your appointment, to check the terms of your policy, particularly the level and type of cover you have, including any reimbursement limits on individual consultation or surgical fees.

My fees for consultations, procedures and surgery are generally aligned with those of colleagues providing a similar level of service and expertise. However, many insurance companies determine and usually publish 'customary and reasonable fee' maxima, which may differ.

I will do my best to advise you of any likely shortfall of which I am aware, but it is *your responsibility* to seek confirmation from your insurer as to what will be covered, and you are strongly advised to do so in advance. If there is a shortfall, you may be required to pay part or all of this.

I am recognised by the following private medical insurers:

Allianz Partners	CIGNA	Multiplex
Aviva	CS Healthcare	Simplyhealth
AXA PPP	The Exeter	Tricare
Benenden Healthcare	Healix	Universal Provident
BUPA	health-on-line	Vitality Health
BUPA International	International SOS	WPA

### **Quality Information**

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

### **Using and protecting your personal data**

I am registered with the Information Commissioner's Office (registration number Z9397228) and have taken steps to ensure that my practice is compliant with the UK Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 (DPA 2018).

In accordance with the GDPR, I am required to provide you with this **Privacy Notice**, which sets out why and how I will collect, protect and use your personal data. In the context of this notice, references to actions by or responsibilities relating to myself will include those delegated to anyone working for me in my private practice.

I (Louise Allen) am the data controller, and the legal bases under which I collect and process your personal data are: with your consent (requested below), for the purpose of providing you with medical consultation and treatment in accordance with our contract, and for the administration of my practice.

The personal data that I collect and hold will include: your name, date of birth, address and other contact details; the names and contact details of your next of kin or responsible carer, and of other healthcare professionals or organisations connected with your care; your medical insurance details (if applicable); your medical record; information on charges made to you for my services, and payments from you or others in respect of those charges.

I may collect this information directly from you, or it may be provided to me with your consent by another person or organisation, such as a healthcare professional, hospital or clinic, or insurance company.

Your medical records are held on paper files, and administrative records and letters (including clinical letters) are held on computer. Your records will be archived to an entirely electronic format between one and five years after my last contact with you, and the paper records will be securely destroyed.

I will ensure that all reasonable steps are taken to keep your records secure. This will include measures to ensure the protection of any personal data transferred outside the UK.

The primary storage of your records is on secure computer in the UK with cloud backup provided by Microsoft Corporation under the terms of its Privacy Statement. This includes compliance with the EU-U.S. Data Privacy Framework (EU-U.S. DPF), the UK Extension to the EU-U.S. DPF and other legal mechanisms to ensure that your rights under UK laws are protected if personal data is transferred from the UK to other countries. Personal data regarding patients insured with Tricare may be transferred to the USA in accordance with the insurer's requirements and patients will be asked to confirm their agreement to these arrangements in writing.

Your personal data will only be passed by me to medical personnel directly involved in your care or, for administrative purposes, to persons or organisations (such as hospitals, your insurance company, or government agencies) having a legitimate interest and under an obligation of confidence equivalent to that owed by health professionals. Otherwise, your personal data will only be passed to third parties with your consent, unless I am legally required to do so.

If you have indicated that your treatment will be covered by insurance and your insurance company requests to know your diagnosis, this will be provided unless you request otherwise. More detailed clinical information will only be provided with your written consent.

You have the right to request that I correct inaccurate or incomplete information held about you.

You have the right to withdraw or restrict your consent for me to collect and / or process your personal data at any time. If this affects my ability to provide you with an acceptable standard of

care or to meet my professional obligation to you, I may have to advise you that I would no longer be able to manage your care.

You have the right to obtain a copy of the records I hold about you on request.

You also have the right to request erasure of your personal data.

I will not keep your data for any longer than is necessary. However, to comply with medical best practice and for legal purposes, your personal data will normally only be destroyed a minimum of 8 years after the conclusion of treatment or your death. In the case of children who were aged 17 or under at the time of last contact, the record will not be destroyed until after their 26<sup>th</sup> birthday. I may retain your personal data for a longer period if I believe that it may be required in defence of a claim that may be brought against me.

Please note that, while I am able to accept payment by credit or debit card, I do not store any card details. When payment is taken over the phone, your card details are entered directly into the card payment company's secure web portal and are not recorded by me.

If you provide an email address, I may use this to send you appointment details, letters, and other information. Where these contain sensitive personal data or clinical information, the whole email or the part containing personal data will be sent in an encrypted form.

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**Consultant Ophthalmic Surgeon**

**Agreement to Terms**

Name of Patient .....

Date of Birth .....

Name of Person  
Signing (if different) .....

Relationship to Patient .....

Address .....  
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I agree that you may collect and process my personal data, or the  
personal data of the person on whose behalf I am signing, for the  
purposes of providing medical consultation and treatment, and for  
the administration of your practice. YES ☐ NO ☐

I agree to these terms ..... (signature)

Date .....

**If you have any questions**

Please contact me by email: [practice@louiseallen.com](mailto:practice@louiseallen.com)

or write to me at: PO Box 1220 Duxford Cambridge CB22 4ZJ