**Request For Private / Non NHS Paperwork**

Patients Name (Please Print) ……………………………………………………………………..

Date of Birth: .…………………………….........................................................

Request

*For holiday cancellation paperwork please state the date booked, date insurance arranged and date cancelled.*

**£45 non-refundable deposit. (Please note additional fees may apply) This is an administration charge for processing your paperwork.**

**The request will only be processed once payment has been received.**

**(We will refund the £45 if the surgery decides that we cannot complete your request)**

**BACS Details:**

Account Name: **Cross Keys Practice**

Sort Code: **60-17-43**

Account Number: **70333939**

Signature: .………….……………………………………….

Date: …………….………………………………………………

Once complete, please email this form to admin.crosskeyspractice@nhs.net