



## EXISTING MEMBER RENEWAL FORM

HEALTH PLAN TIER	SILVER	GOLD	BLACK
<b>Fees per person</b> Monthly plan option holds a minimum term of 12 months	<b>£70</b> a year	<b>£35</b> a month / <b>£420</b> a year	<b>£115</b> a month / <b>£1,380</b> a year
<b>Family option up to 4 people</b> Including yourself	<b>£255</b> a year	<b>£70</b> a month / <b>£840</b> a year	<b>£230</b> a month / <b>£2,760</b> a year

### HEALTH PLAN RENEWAL DETAILS

Are you renewing to the same health plan tier: **YES / NO**

Are your details remaining the same: **YES / NO**

Are your direct debit details remaining the same: **YES / NO**

Are your communication preferences remaining the same: **YES / NO**

Are your additional family members details remaining the same:  
**YES / NO / NOT APPLICABLE**

**Have you read, understood, and agree to the terms and conditions available on our website:**

If you answered 'NO' to any of these questions, please complete the relevant sections below where you need to notify us of a change. If no changes are being made to your health plan, please sign and return.

### SECTION A - Lead person to complete IN BLOCK CAPITALS and return

Title: \_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

#### Details

(please tick / circle where applicable)

Which health plan would you like to join:  
**SILVER / GOLD / BLACK / NO HEALTH PLAN**

Which type of health plan are you joining:  
**INDIVIDUAL / FAMILY**

(if FAMILY is selected please also complete Section C)

Are you signing up to Direct Debit:  
**YES / NO**

(if yes, please complete Section B)

Have all details in Section A been completed:

Have you read, understood and agreed to the terms and conditions available on our website:

#### Communication

**We only contact patients for the purpose of:**

Appointment reminders and cancellations, information specifically relating to your health, requests for information regarding your health, sending you invoices and receipts.

Please tick if you **DO NOT** wish to be contacted regarding the above:

Email:  Post:  SMS:

Please tick to receive communications about special offers, surveys, new services and events:

Email:  Post:  SMS:

#### Where did you hear about us?

Word of mouth:  Social Media:  Website:

Leaflet:  Google:

Magazine:  please specify: \_\_\_\_\_

Other:  please specify: \_\_\_\_\_

### SECTION B - Direct Debit instructions (compulsory for members) - please complete IN BLOCK CAPITALS

Title: \_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Bank / Building society name and address: \_\_\_\_\_

Sort code: \_\_\_\_\_

Account number: \_\_\_\_\_ Direct Debit in Full:  Monthly instalments:

**SECTION B continues overleaf**



## EXISTING MEMBER RENEWAL FORM continued

### SECTION B - Direct Debit instructions (compulsory for members) - please complete IN BLOCK CAPITALS

I authorise payment to be taken from my account for myself and for the following family members - if applicable:

1 Name: \_\_\_\_\_ 2 Name: \_\_\_\_\_

3 Name: \_\_\_\_\_

**Please note that all invoices should be settled directly after seeing the Doctor or Nurse and before leaving the premises (unless you are part of our Direct Debit scheme).**

Signature: \_\_\_\_\_ Name BLOCK CAPS: \_\_\_\_\_

Date: \_\_\_\_\_ **SECTION C overleaf**

### SECTION C - Additional family members, please complete IN BLOCK CAPITALS

#### Additional member 1

Title: \_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

#### Additional member 2

Title: \_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

#### Additional member 3

Title: \_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Please tick if the family members above **DO NOT** wish to be contacted regarding - Appointment reminders and cancellations, information specifically relating to your health, requests for information regarding your health. sending you invoices and receipts.

Email:  Post:  SMS:

Please tick to receive communications about special offers, surveys, new services and events:

Email:  Post:  SMS:

**MANY THANKS FOR YOUR INFORMATION, FROM THE PRIVATE GP GROUP**