## SUPPLEMENTARY QUESTIONS

SUPPLEMENTARY QUESTIONS – These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.				
		ON for all patients who are		
		GP practice and receive free med		
	-	-		nt outside of the GP practice. Being
				time being. In most cases, nationals
of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.				
Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.				
More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant.				
patient leaflet, available from your GP practice.				
you may be charged for	r your treatment.	Even if you have to pay for a se	rvice, you will alwa	utside of the GP practice, otherwise ays be provided with any
immediately necessary or urgent treatment, regardless of advance payment. The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including				
with NHS secondary car	re organisations (	e.g. hospitals) and NHS Digital,	for the purposes of	validation, invoicing and cost
		alf of the NHS to confirm any de	tails you have prov	ided.
Please tick one of the f	ollowing boxes:			
a) I understand that	t I may need to p	ay for NHS treatment outside o	f the GP practice	
b) I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested				
c) 🔲 do not know my	y chargeable stat	us		
I declare that the inform action may be taken ag	-	this form is correct and complet	e. I understand tha	t if it is not correct, appropriate
		form on behalf of a child unde	r 16.	
Signed:			Date:	DD MM YY
			Date:	
-				
Print name:			Relationship to	
Print name: On behalf of:			patient:	
Print name: On behalf of: Complete this section			patient:	y or retire, or if you live in the
Print name: On behalf of: Complete this section UK but work in anoth	er EEA member HEALTH INSURA	n EU country, or have moved r state. Do not complete this NCE CARD (EHIC), PROVISION	patient: to the UK to stud section if you hav	y or retire, or if you live in the e an EHIC issued by the UK.
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Print name: On behalf of: Complete this section UK but work in anoth NON-UK EUROPEAN F DETAILS and S1 FORM Do you have a non-UK If you are visiting from a country and do not hold EHIC (or Provisional Rep. Certificate (PRC))/S1, you for the cost of any treat outside of the GP praction at a hospital. PRC validity period Please tick if you have work or you live in the	Another EEA de current lacement u may be billed ment received ice, including (a) From: ave an S1 (e.g. y	r state. Do not complete this         NCE CARD (EHIC), PROVISION         YES:       NO:         Country Code:	patient: to the UK to stud section if you hav AL REPLACEMENT If yes, please PRC below: DD MM YYYY DD MM YYYY DD MM YYYY DD MM YYYY	y or retire, or if you live in the e an EHIC issued by the UK. F CERTIFICATE (PRC) e enter details from your EHIC or (b) To: DD MM YYYY ed here by your employer for 51 form to the practice staff.
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Print name:         On behalf of:         Complete this section         UK but work in anoth         NON-UK EUROPEAN H         DETAILS and S1 FORM         Do you have a non-UK         If you are visiting from a country and do not hold EHIC (or Provisional Rep. Certificate (PRC))/S1, you for the cost of any treat outside of the GP practiat a hospital.         PRC validity period         Please tick if you have in the How will your EHIC/PP and GP appointment of cost recovery. Your clim	Another EEA de a current lacement u may be billed ment received ce, including (a) From: ave an S1 (e.g. y e UK but work in RC/S1 data be us data will be shar nical data will no	r state. Do not complete this         NCE CARD (EHIC), PROVISION         YES:       NO:         Country Code:	patient: to the UK to stud section if you hav AL REPLACEMENT If yes, please PRC below: DD MM YYYY DD MM YYYY	y or retire, or if you live in the e an EHIC issued by the UK. F CERTIFICATE (PRC) e enter details from your EHIC or (b) To: DD MM YYYY ed here by your employer for 51 form to the practice staff. nt costs your EHIC or PRC data