

MyIGP Membership



www.theigp.co.uk



What Is MyIGP?

MyIGP Membership's are a monthly payment plan created to help you spread the cost of your appointments. You simply pay a fixed monthly fee and in return you will receive a number of appointments for you, and your nominated family members, to use throughout the year.

Are There Are Additional Benefits In Becoming a MyIGP member?

On making an appointment, all MyIGP members will be highlighted by our diary system and given priority for appointments. Where no appointments are available, we will endeavour to either open an appointment for you, or where this is not possible, offer you a suitable alternative. It is our aim to offer our patients an appointment on the day an enquiry is made or within 24 hours of the enquiry.

MyIGP members will also receive either free or discounted vaccination, repeat prescriptions, test and/or screens.

By becoming a MyIGP member, you can be assured that you will receive all the advantages of being a part of a quality private healthcare service. You can expect professional standards, quality assurance, convenient appointments, flexibility, fully confidential advice & treatments and a range of services to suit your healthcare needs and requirements.

Will It Affect My Relationship With My NHS GP If I become a MyIGP member?

No, ultimately, it is the patient's health that GPs are most concerned with. We actively encourage you to remain registered with your NHS doctor, in most circumstances it is vital that you do. With your permission, we can also access your medical records or inform your GP of your appointment with us. However, appointments can remain as private as you choose.





How Are IGP Regulated?

All doctors in the UK must be registered with the GMC (General Medical Council). The GMC ensure doctors are qualified to work in the UK and have the necessary training and education. All private clinics who provide medical appointments or treatments in England and Wales need to be registered with CQC (Care Quality Commission) or HIW (Health Inspectorate Wales).

Do You Provide Appointments For Children?

Yes, we can see children from birth.

Can You Provide A Chaperone With My GP Appointment?

Yes, we can provide you with a chaperone during your appointment.

What If I Can't Make It In To an IGP Clinic?

If you are unable to attend at one of our clinics, we have the ability to provide remote consultations with our Doctors. This can be via telephone or video.

How Do I Become a MyIGP member?

Select the type of plan that is most appropriate and complete the registration contract form and direct debit forms. The plan you chose should reflect the number of appointments (consultations, emails or advice calls) that you believe you, and nominated family members, will need throughout the year. Once the forms have been returned you will be listed on our system as a MyIGP member and free to make appointments. If you have not been seen before, we will ask you to complete a medical history form.



MyIGP Membership Options

Membership	My5	My10	My15
Cost per month	£35	£70	£100
Medical Contacts	5	10	15
No of family members	These can be used by up to 6 nominated family members	These can be used by up to 6 nominated family members	These can be used by up to 6 nominated family members
Referral Letters	Free	Free	Free
Prescriptions	Free	Free	Free
Flu Vaccinations	Discounted	Discounted	Discounted

Premium MyIGP Membership Options

Membership	My1 Premium	My2 Premium	My4 Premium*
Cost per month	£80	£150	£235
Medical Contacts	Unlimited	Unlimited	Unlimited
No of family members	1 (for individuals)	2 (for couples)	These can be used by up to 4 nominated family members
Referral Letters	Free	Free	Free
Prescriptions	Free	Free	Free
Flu Vaccinations	Free x 1	Free x 2	Free x 4
Annual IGP Standard Plus Level Check	Free x 1	Free x 2	Free x 4

* Additional family members can be added to My4 at £59 per month per family member



The **Independent** General Practice

The Independent General Practice
Oaktree House, Oaktree Court, Mulberry Drive
Cardiff Gate Business Park, CF23 8RS

Tel: 03456 252 252 **Email:** enquiries@theigp.co.uk



IGP Health Questionnaire



In order to provide you with the best service, it is important that we have as much information about any previous or known current medical issues as possible.

Could you please complete the following information? This will help to ensure you get the most appropriate treatment for any condition you may have.

Your details

Mr / Mrs / Miss / Ms / Other First name

Date of birth Surname

Your NHS GP details

Please provide the details of your NHS GP below.

Address

.....

Postcode

GP Name or practice.....

Telephone number

Past medical history, treatment and medications

Please let us have details of any significant medical or surgical conditions, treatments, investigations or procedures that you have had. Please include details of any hospital admissions and list any surgical operations.

Please list any current medical conditions you have:

.....

.....

In particular, do you have diabetes, heart problems, high blood pressure, asthma, epilepsy? Yes No

If yes, please provide further details:

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IGP Health Questionnaire



Are you awaiting the results of any investigation or blood test? Yes No

If yes, please provide further details:

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.....

Please list any medicines you are taking, either prescribed or bought over the counter.

.....

.....

Do you take any drugs other than those prescribed/advised for medical reasons? Please include such things as vitamin preparations, or homeopathic medicines. Yes No

If yes, please provide further details:

.....

.....

Please list any allergies you have (including allergies to medicines).

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.....

Have any of your close relatives (parents, grandparents or siblings) ever had any significant health problems, including cancer? Yes No

If yes, please provide further details:

.....

.....

I confirm that:

To the best of my knowledge, the information I have provided on this Health Questionnaire and any information given verbally at the time of booking my appointment is accurate and complete and no information has been withheld;

Signature of patient.....

Signature of parent/guardian if patient is under 18.....

Date



MyIGP Membership - Patient Contract



MyIGP membership is a contract under which The Independent General Practice (IGP) will provide medical consultations, examinations, diagnostic and medical management services to patients who join us by signing this agreement ("MyIGP Membership").

The service will be provided at our premises in Oaktree House, Oaktree Court, Cardiff Gate Business Park, CF23 8RS; or such other premises as we may occupy. The hours of provision for the service are between 9:00 am and 5:00 pm Monday to Friday. Out of hours cover is not routinely supplied by IGP and you should contact your NHS GP surgery or telephone NHS Direct on 0845 4647 if you require non-urgent medical care during out of hours. In an emergency you should dial 999.

MyIGP Membership is designed to complement the services supplied by your NHS GP and IGP strongly recommends that you maintain your existing NHS GP registration.

IGP agrees to fully respect the needs of their registered patients. They undertake to practice within their capabilities and to refer to specialist practitioners where we deem appropriate. Facilities will be regularly monitored and updated, with equipment being calibrated and serviced on a regular basis. In return for these services and facilities, registered patients will be charged the monthly fee shown on the attached Schedule. (The monthly fee will be reviewed each year on 31st December and any change in fee levels will be notified to you). The fee will be charged either monthly or annually. You can terminate this agreement by giving one month's notice in writing to us.

IGP is committed to protecting the privacy and security of personal data and the practice complies with The General Data Protection Regulation 2018 (GDPR). Information concerning your health will be kept confidential. However, please be aware that information you give us may be recorded and may be shared in order to provide you with care. It may also be used to support local clinical audit and other work to monitor the quality of care provided, on an anonymous basis. If you have any questions regarding this, please do not hesitate to contact us. I understand I have a right to access my own records. However, as a healthcare provider, we may not be legally able to complete your request to restrict the processing or deletion of personal information.

Except in respect of death or personal injury caused by the IGP's negligence, IGP shall not be liable to the patient by reason of any representation or any implied warranty, condition or other term or any duty of common law or under the express terms of the contract for any consequential loss or damage (whether for loss of profit or otherwise) costs, expenses or other claims for consequential compensation whatsoever (and whether caused by the negligence of IGP, its employees or agents or otherwise) which arise out of or in connection with the performance of the services and supply of the goods or their use or resale or disposal by the patient except where expressly provided in these conditions. The company limits liability to the extent of the company's insurance cover.

I agree to the terms and conditions of the Healthcare Plan patient contract -

Please Tick

I enclose a completed and signed Direct Debit Form -

Please Tick

I wish to register for _____ consultations for £ _____ per calendar month

Please provide details of the person who is the policy account holder and is responsible for the direct debit payments.

Name Date of Birth

Address

Email Contact Number

Signature Date



Nominated Family Members

Please provide details of the people you wish to include on your Policy - You can add up to 6 family members.

1. Name Date of Birth
Address
Email Contact Number

2. Name Date of Birth
Address
Email Contact Number

3. Name Date of Birth
Address
Email Contact Number

4. Name Date of Birth
Address
Email Contact Number

5. Name Date of Birth
Address
Email Contact Number

6. Name Date of Birth
Address
Email Contact Number



