

MEDICAL FEE CLAIM FORM

To: Doctor _____
 (Block Capitals Please)
 Address _____

Section 1 – Social Worker to complete and send to doctor

In order to comply with the regulations or to provide the following services as indicated by Code Number _____ on the schedule overleaf, will you please examine / report / attend Case Conference (delete as applicable) on _____

Name _____

Address _____

Please send your report / confirmation of attendance at Case Conference together with this claim form to:

Social Work Office Address Stamp

Name of Initiating Officer _____ Tel No _____
 (Block Capitals Please)

Officer's Signature	Team Manager's Signature
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CLAIM FOR FEES OR ALLOWANCES PAYABLE TO DOCTORS FOR SERVICES CARRIED OUT FOR LOCAL AUTHORITIES (OTHER THAN THOSE PROVIDED UNDER THE NHS)

Section 2 – Doctor to complete and return to Social Worker

I declare that I have carried out the services as indicated by Code Number _____ on the schedule overleaf and wish to claim a fee in accordance with the National Health Service Act..

Signature of Doctor _____

General Practitioner's Stamp

Doctor's Name _____

(Block Capitals Please)

Please give Medical Practitioner Status

If not General Practitioner _____

Are you an Approved Medical Practitioner under Section 12 of the Mental Health Act? Yes No

When claiming, please tick the appropriate box in answer to the following questions:-

1. Date service given _____
2. Is the patient on your list: Yes No
3. Does this claim refer to: MEDICAL EXAMINATION ONLY REPORT ONLY OR BOTH
 ATTENDANCE AT CASE CONFERENCE
4. Was the examination carried out at the patient's: HOME PRACTICE PREMISES ELSEWHERE
5. Was this the patient's: FIRST EXAMINATION SUBSEQUENT EXAMINATION
6. If you saw more than one patient, or attended a case conference, please state the duration of the session to the nearest half hour _____
7. If you wish to claim travelling expenses, please state the total mileage incurred _____
 Details of car used: Make _____ Engine Capacity _____ cc Registration No _____

PLEASE RETURN TO THE SOCIAL WORKOFFICE – ADDRESS IN SECTION 1

To: _____
 (PAYMENT OFFICE)

Section 3 – Social Worker to complete and send to Payment Office

Name of Team Manager: _____ Signature: _____ Date: _____
 (Block Capitals)

Responsibility for payment of fees rests with the Primary Care Organisation within which the person is usually resident or, in the case of services provided by a General Medical Provider, the Primary Care Organisation with which the Provider is in contract. Where there is no fixed abode, responsibility rests with the Primary Care Organisation within which the service is provided.

SCHEDULE OF SERVICES PROVIDED TO BIRMINGHAM CITY COUNCIL FOR WHICH THE COUNCIL AND / OR THE BIRMINGHAM PRIMARY CARE ORGANISATIONS ARE FINANCIALLY RESPONSIBLE

The following services are the financial responsibility of the Birmingham City Council:

Code No

- 01** Medical evidence given at the request of a Court (NOT medical reports required by the Directorate of Social Care & Health as evidence or the attendance at Court of a Doctor when this is required by the Directorate of Social Care & Health – see Item 07 below)

(Will be recharged by the Finance Section to the Court Authorities)
- 02** Medical fees for adoption purposes.

The following services are the financial responsibility of the Primary Care Organisation

- 03** Initial and routine examination of children looked after by the Local Authority
- 04** Examination of prospective foster carers
- 05** Consultant Ophthalmologist's fee for examining people with a visual disability
(criteria for payment of fee outlined on form BD8)
- 06** Assessment under Mental Health Act – examination fee
- 07** Reports required by the Council as Court evidence and attendance of Doctor at Court as a witness when required by the Council.
- 08** Medical examination and report for Community Care Assessment (use form H3 for report)
- 09** Attendance at Case Conference or any other relevant meeting at request of social worker.
- 10** Medical Report at request of Birmingham City Council -in relation to any of its Education, Social Services and Public Health responsibilities.

	£	p		Section 4 – Payment Office to complete
Fee payable	_____			
Travel:	_____	Miles @	_____	Checked by: _____
TOTAL PAID:	=====			

Completed forms should be forwarded to:

Ms Valerie Hogg
Contracts and Payments Department, Birmingham Shared Services Agency,
St Chad's Court
213 Hagley Road
Birmingham B16 9RG