

## Membership Application Form

Title	
Forename	
Surname	
Date of Birth	
Home address	
Home tel. no	
Work tel no	
Mobile tel no	
Email address	

Additional Family Members	Date of Birth
Member 2 – Surname and forename	
Member 3 – Surname and forename	
Member 4 – Surname and forename	
Member 5 – Surname and forename	

<b>Current GP information</b>	
Your GP	
Practice address	
Work tel no	
Please tell us how you heard about Night Doctor	

<b>Membership options. Please tick (or mark with an x)</b>	
Individual from £250 per year	
Family (same address) from £300 per year	

<b>Fees</b>	
Home visits	from £250 pre 10pm/£320 after
Telephone consultations	from £60 pre 10pm/£120 after

<b>Other Fees</b>	
Extra Patient at the same address	From £120 pre 10pm/£150 after
Referrals	From £30
Christmas Day and Boxing Day	Standard Fees plus £50

Terms and conditions:

1. When we receive your call, we will arrange for a suitable qualified doctor (“Duty Doctor” to call you back and discuss the precise medical concern that you have. The Duty Doctor shall assess, in consultation with you, whether you require a call out. If you decide you do not need a call out you will be charged a consultation fee.
2. Normally the Duty Doctor will be with you within one hour of your call to Night Doctor, subject to emergencies and medical priorities.
3. The Duty Doctor can issue prescriptions if required.
4. The call out fee (and cost of pharmacy supplies) is payable at the time of call out, or can be debited from your account.
5. The membership fee is non refundable.
6. The Duty Doctor is responsible for determining if the call out is necessary and for providing the appropriate medical care.
7. Membership will be terminated for any rude or abusive behaviour towards a Duty Doctor or Night Doctor staff, or for non-payment of fees.
8. If you have any complaints about the service offered by Night Doctor or any Duty Doctor please contact us as we take such complaints very seriously.

Please sign in this box

Date

Please make cheques payable to Night Doctor Ltd and send to 2 Lower Sloane Street, London SW1X 8BJ or email to [info@nightdoctor.org.uk](mailto:info@nightdoctor.org.uk)