



MEDIPACT MEMBERSHIP SUBSCRIPTION (with effect from 01 Jan 2019)

Medipact subscriptions run from January to December annually and are listed below.

Should you join during the year, the fee payable for the remainder of the calendar year, will be adjusted pro rata.

INDIVIDUAL:

Annual subscription fee	£620 per annum
Standing order of 10 monthly payments	£68.20 per month (includes 10% surcharge)

CHILD:

Annual subscription fee	£220 per child per annum
Standing order of 10 monthly payments	£24.20 per month (includes 10% surcharge)

Children should be under 16 or 18 if in full time education on the date of subscription renewal

Standing order of 10 monthly payments will include a 10% surcharge

If payment to accompany Application (and signed Agreement), please make cheques payable to:
“IslandHealth”.



MEDIPACT MEMBERSHIP RULES

1. Full fee cover for the following medical services provided by the Partners and Employees of IslandHealth.
 - a) Surgery consultations with Doctor (excluding Fitness to Drive).
 - b) Surgery consultations with Nurse.
 - c) Daytime home visits by Doctor.
Evening home visits by Doctor.
Night home visits by Doctor.
 - d) Smear testing, Doctor or Nurse.
 - e) Telephone consultations with Doctor.
 - f) Telephone consultations with Nurse.
 - g) Ear Syringing.
 - h) Simple and special injections.
 - i) Cryotherapy treatment.
 - j) Nurse Clinics.
 - k) Administrative fee for new or repeat prescriptions.
 - l) E.C.G. monitoring.
 - m) Well Woman Clinics.
 - n) 24-Hour Blood Pressure Monitoring.
 - o) Consultations in Primary Care Centre.
 - p) Minor operations (excluding Vasectomy).
 - q) Acupuncture ~ by Doctor only.
 - r) Treatment provided at the Primary Care Centre, Princess Elizabeth Hospital.
 - s) Baby Checks.
 - t) Six week Post-Natal Checks.
 - u) Coil and Implant Fittings (treatment only).

This is not an exhaustive list and if you have any queries please check your cover with the Accounts staff.

2. Membership confers cover **ONLY** for the above Primary Care services.
Excluded from fee cover or reimbursement are:-
 - **Services provided by Nurses, Therapists or Specialists who are not Employees of IslandHealth.**
 - **Consultations and treatment provided in the Emergency Department.**
 - **Specialist Cardiology Consultations with Dr Lyndon Griffiths.**
 - **Contraceptive Coil and Implant Fittings.**
 - **Physiotherapy.**
 - **Osteopathy.**
 - **Podiatry.**



MEDIPACT MEMBERSHIP RULES (continued)

3. Fee cover for medical services is limited to those provided by IslandHealth within the Bailiwick of Guernsey.
4. *Medipact* Membership commences on the first day of the month following acceptance and payment of the appropriate subscription fee.
5. *Medipact* Membership terminates immediately upon non-payment of subscription, yearly, quarterly or monthly, as applicable.
6. Members are requested to utilise the available medical services with due regard to the Patient Charter and the needs of other members and patients of the Practice.
7. *Medipact* Membership is on an annual basis and is non-refundable.
8. Complaints in respect of the administration of the Scheme should, in the first instance, be addressed to the Practice Manager. Any dispute or complaint which then remains unresolved shall be submitted to arbitration by a Committee made up of the Practice Chairman, Practice Manager and the Chairperson of the Patient Participation Group.
9. The Partners reserve the right to review the premium annually and will, one month in advance, post notification of the due Membership fee.
10. The Partners reserve the right to refuse membership to applicants.
11. The Partners reserve the right to decline renewal of *Medipact* Membership.



MEDIPACT MEMBERSHIP - APPLICATION FORM

I, (full name)

of (address)
.....
.....

Post Code: **Date of birth:**
Patient Number: (if known) **Own GP:**

apply for *Medipact* Membership for :

Details of *other* members to be included in your application:

Full name:
Date of birth Patient No: (if known)
Own GP.....

Full name:
Date of birth Patient No: (if known).....
Own GP.....

Full name:
Date of birth Patient No: (if known).....
Own GP.....

Full name:
Date of birth Patient No: (if known).....
Own GP.....

Full name:
Date of birth Patient No: (if known).....
Own GP.....

If further space required, please use the reverse of this page



MEDIPACT MEMBERSHIP - AGREEMENT

I, the undersigned, have read carefully and understand and agree to abide by the Rules of *Medipact* Membership.

(All adults must sign)

Signed:

Dated:

Signed:

Dated:

When fully completed, please return the Application Form and Signed Agreement, preferably with appropriate payment, to the Medipact Administrator at any one of our surgeries. *Please make cheques payable to IslandHealth.* You will in due course receive acknowledgement and your original forms will be returned for your reference and safe keeping.

For office use only

Application received (date).....

Payment attached Yes / No If Yes - sum Cash / Cheque/Card

Receipt given Yes / No

Application accepted (date)

Membership with effect from

For the period until

For the following people

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Signed:

For and on behalf of the Partners of IslandHealth Medical Practice