



MEDIPACT MEMBERSHIP SUBSCRIPTION (with effect from 01 Jan 2023)

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 and will be subject to a £60.00 Administration fee.

INDIVIDUAL:

Annual subscription fee	£715 per annum
Standing order of 10 monthly payments	£78.65 per month (includes 10% surcharge)

CHILD (Under 18):

Annual subscription fee	£200 per child per annum
Standing order of 10 monthly payments	£22.00 per month (includes 10% surcharge)

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 (including Fitness to Drive).
 - b) Surgery consultations with Nurse (excluding Nailcare).
 - 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) Microsuction and 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) Baby Checks.
 - s) Six week Post-Natal Checks.
 - t) 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.**
- **Consultant Sports and Musculoskeletal Medicine Consultations with Dr Craig Sheridan.**
- **Contraceptive Coil and Implant Fittings.**
- **Psychological Therapies.**
- **Physiotherapy.**
- **Osteopathy.**
- **Podiatry.**
- **Ultrasound.**
- **Mole Mapping.**



***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)

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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

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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		
		
		
		
Signed:		
For and on behalf of the Partners of IslandHealth Medical Practice			