



University College
of Osteopathy

Clinic Appointment Refund Policy

Core Documentation Cover Page

Clinic Appointment Refund Policy

Version number	Dates produced and approved (include committee)	Reason for production/ revision	Author	Location(s)	Proposed next review date and approval required
V1.0	May 2012 SMT	To provide patients with detail of the grounds under which refunds are given and the process of how to apply.	Head of Clinical Practice	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	May 2013
V1.0	Oct 2015 N/A	Biennial Review No Changes	Clinic Reception Manager	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Oct 2017
V3.0	Jul 2017 PRAG Chair	Administrative Amendments to update institution name change from British School of Osteopathy to University College of Osteopathy.	Clinic Reception Manager	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Oct 2017

Equality Impact

Positive equality impact (i.e. the policy/procedure/guideline significantly reduces inequalities)	
Neutral equality impact (i.e. no significant effect)	X
Negative equality impact (i.e. increasing inequalities)	

If you have any feedback or suggestions for enhancing this policy, please email your comments to: quality@uco.ac.uk

THE UCO CLINIC APPOINTMENT REFUND POLICY

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1. SCOPE

- 1.1 Although the University College of Osteopathy (UCO) clinic makes every effort to ensure that it fully meets the needs of patients, it is acknowledged that there will be times when patients may request a refund for appointments. The UCO clinic operates a Refund Policy to deal with such eventualities. This Policy gives detail of the grounds under which refunds are given and explains the process of how to apply.

2. REFUND POLICY

- 2.1 Normally, any refund application must be made by the patient or their representative. Any patient applying for a refund through a representative must give signed written consent for the named individual to claim on their behalf.
- 2.2 Normally refunds for appointments may be given in (but are not limited to) the following circumstances:
- a) If the start of an appointment is delayed by more than 20 minutes due to circumstances that are the responsibility of the UCO, its students or its tutors, and the patient is unable to wait for this or an alternative appointment, or is unwilling to be seen by another available practitioner.
 - b) If a patient or their representative makes a complaint and it is deemed, under the circumstances, that a refund is appropriate. Normally a refund will be given, as a gesture of goodwill, for the appointment related to the complaint. Complaints would still need to be dealt with in line with the UCO's Patient Complaints Policy.
 - c) If it is identified that the patient has provided the UCO with evidence to support a reduced fee but the UCO has been at fault in charging the incorrect fee. Evidence to support the qualification for a backdated reduced rate would need to be provided by the patient at the time, or by the next appointment, and MUST pre-date the first appointment attended.

3. NOTES

- 3.1 If a patient's status in qualifying for concessionary rates changes during treatment, they will qualify for the reduced rate from that point onwards unless their status changes once again. They will not be able to claim a refund against earlier treatments.
- 3.2 Patients who qualify for reduced fee rates established by the UCO and other organisations/groups will only receive those rates from the commencement date agreed by the UCO's clinic management and the organisation/group involved. No refund will be given for previous treatments given prior to qualifying for reduced fee rate.
- 3.3 A refund will normally be given in cash equivalent to the sum claimed, or if the patient is claiming for a full appointment fee refund they may choose for their next appointment to be free of charge to the equivalent value. Alternatively a cheque can

be issued by the UCO Finance department made payable to the patient and sent through the post.

4. HOW TO APPLY FOR A REFUND

4.1 All applications for a refund need to be made in person or in writing to the Reception Manager in the first instance. In their absence refund applications will be passed to the Head of Clinical Practice at the UCO.

4.2 If you feel that you wish to apply for a refund please speak to the reception team so that they are able to put you in touch with someone who can deal with your request then and there. Normally refund applications can be dealt with on the spot, but if for any reason you are not able to do this at the time or on your next visit to the clinic, you can contact us directly by phone using the following numbers:

Telephone: 020 7089 5360

Reception Manager Ext: 5368

Contact Details: UCO Clinic

98-118 Southwark Bridge Road, London, SE1 0BQ

4.3 Alternatively you may apply by post using the refund application form below (sent to the address above).

4.4 If you wish for a representative to claim on your behalf you will need to provide consent by signing the appropriate section of the form. Please note that if a postal refund claim is received it may be necessary for a representative of the UCO to contact you to clarify your reasons for requesting your refund.

APPENDIX 1: CLINIC APPOINTMENT REFUND APPLICATION FORM



Please ensure that you have read the UCO Clinic Appointment Refund Policy prior to completing this form.

Are you the Patient?	YES / NO		
<p>If YES, please complete section 1 and 3 only.</p> <p>If NO, ensure you complete section 1, 2 and 3.</p>			
Section 1: Personal Details			
Name of Patient:			
Address of Patient:			
Phone Number of Patient:			
Appointment Date:			
Reasons for Requesting a Refund: (Please use the reverse of this form to complete this section if necessary).			
Section 2: Consent to apply for a refund for treatment on behalf of an individual patient			
<p>If you are requesting a refund on behalf of a patient you will require the consent of the patient to act on your behalf before we are able to process your claim.</p>			
<p>I,(Name of Patient) consent to (Name of Representative) consent to (Name of Representative) acting on my behalf with respect to applying for a refund for treatment at the UCO clinic.</p>			
Section 3: Patient Signature			
Signed (Patient):		Date:	

Please return your completed form to: Refunds, UCO Clinic, 98-118 Southwark Bridge Road, London SE1 0BQ. All refunds will be sent to the patient's postal address.

If approved we will endeavour to process your request within 10 working days.