



### **Outpatient Appointment Information**

Thank you for choosing to see me at the Nuffield Health Cardiff & Vale Hospital for your outpatient consultation. This letter sets out some important information that I am required by law to provide to you. This is for your information only and is not a bill. As this includes information about my charges, if you do not have private medical insurance but someone else will be paying your bill, you may wish to pass a copy of this letter to them. Please note that even if someone else is paying your bill or you have private medical insurance, you are responsible for paying any charges which they do not pay.

### **Self-Funding Consultation Fee**

My fee for an initial consultation will not exceed **£250** and my fee for any follow-up consultation will not exceed **£130**. These prices are correct as at the date of this letter. Following your consultation, you may need certain tests (such as blood tests or imaging, for example an X-ray, MRI or CT scan) to help me diagnose your condition. If the test is undertaken by the clinic or hospital, and not by me, the fees for those tests will be determined by the clinic or hospital and charged to you, or your private medical insurer, separately. If there are any fees which I will charge in relation to any of the tests I advise that you have, I will let you know what those will be.

### **Private Medical Insurance**

If you have private medical insurance, please contact your insurer before your consultation, to check the terms of your policy, particularly the level and type of outpatient cover you have, including any reimbursement limits on individual consultation fees. For insured patients, my maximum fee for an initial consultation is **£250** and my maximum fee for a follow up consultation is **£150**. I am recognised by a number of private medical insurers including AXA, Aviva, BUPA, Healix, Cigna, CS Healthcare, Exeter Friendly, HOL, Global Partners, Police Mutual, Saga, Vitality Universal Provident and WPA. Please note you are responsible for any fees not covered by your insurer.

### **Financial Interests**

I am legally obliged to inform you if I have any financial interests in the Nuffield Vale Hospital or any equipment there. I can confirm I do not have any such financial interests.

### **Quality Information**

You can compare independent information about the quality of private treatment offered at the hospital and other private healthcare providers from the Private Healthcare Information Network (PHIN) website: [www.phin.org.uk](http://www.phin.org.uk). Please feel free to visit my website [www.spinedragon.com](http://www.spinedragon.com) to find out more information.

Mr Michael J H McCarthy  
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Consultant Spinal Surgeon and  
Honorary Senior Lecturer, University of Cardiff

**Common Billing Codes**

**Out patient / Day case procedures:**

Consultant Surgeons fee for the procedure only

The fee DOES include consenting on the day of the procedure (prior information leaflet given)

The fee does NOT include a follow up consultation, hospital costs, anaesthetic costs

A5755 Transforaminal Epidural - Root Block - Lumbar

A5745/75 Facet Injection 1-2

Facet Injection 3-4

Facet Injection 5-6

A5210/11 Caudal Epidural

V5002 Manipulation and Injection Coccyx

Approx Op Time mins	Op Fee £	
15-30	250	Price for Injection Only
15-30	200	Price for Injection Only
20-30	250	Price for Injection Only
25-30	300	Price for Injection Only
15-30	200	Price for Injection Only
15-30	200	Price for Injection Only

**In Patient Procedures:**

The fee covers (1) the Consultants fee for the surgery; (2) daily ward review by Consultant; (3) 24 hour on call cover by Consultant to answer ward calls and attend to the patient should there be a post operative problem in hospital; (4) any return to theatre for problems related to the primary surgery within 30 days of initial surgery.

The fee does NOT cover (1) further follow up appointments, surgery or imaging; (2) Consultant Anaesthetist fee, theatre costs, implant costs, hospital in patient stay fees;(3) further surgery beyond 30 days; (4) any price promise agreements set by the hospital (surgeons are independent of this and are not employed by the hospital)

**Important Notes on Spinal Surgery:**

Overall, patients undergoing spinal surgery have a 1 in 5 chance or requiring further spinal surgery at some point in the future

Overall, the chance of a complication of some form or another occurring during or following spinal surgery is 1 in 10

**Surgical Fees for In Patient Procedures:**

Fees are based on £1000 for first hour then £250 per half hour thereafter (to a maximum £3000 for a sole procedure)

FU denotes routine number of follow up appointment required at £130 each

\* denotes complex surgery often requiring 2 Consultant Surgeons - only my fee is shown

	Approx Op Time mins	Op Fee £	Stay in days	FU no.	FU Fee £	Total £
V2950 Anterior Cervical Discectomy and Fusion ACDF - single level	90	1250	1 to 2	3	390	1640
Anterior Cervical Discectomy and Fusion ACDF - two level	120	1500	2 to 2	3	390	1890
V2951 Anterior Cervical Discectomy and Fusion ACDF - three level	150	1750	2 to 3	3	390	2140
V2282 Cervical Disc Replacement - single level	90	1250	1 to 2	3	390	1640
Cervical Disc Replacement - two level	120	1500	1 to 2	3	390	1890
No code Anterior Cervical Discectomy and Fusion ACDF plus Cervical Disc Replacement Hybrid - two level	120	1500	1 to 2	3	390	1890
No code Anterior Cervical Discectomy and Fusion ACDF plus Cervical Disc Replacement Hybrid - three level	150	1750	2 to 3	3	390	2140
V2200 Posterior Cervical Decompression - single level	90	1250	1 to 2	2	260	1510
Posterior Cervical Decompression - two level	120	1500	2 to 3	2	260	1760
V2201 Posterior Cervical Decompression - three level	120	1500	2 to 4	2	260	1760
Posterior Cervical Decompression - four level	150	1750	2 to 4	2	260	2010
No code Posterior Cervical Decompression and Instrumented Fusion - single level	90	1250	2	3	390	1640
No code Posterior Cervical Decompression and Instrumented Fusion - two level	120	1500	2 to 4	3	390	1890
No code Posterior Cervical Decompression and Instrumented Fusion - three level	150	1750	2 to 4	3	390	2140
V3720 Posterior Cervical Fusion - single level	90	1250	2	3	390	1640
Posterior Cervical Fusion - two level	120	1500	2 to 3	3	390	1890
V3721 Posterior Cervical Fusion - three level	120	1500	2 to 4	3	390	1890
No code* Posterior C1/2/3 Fusion	180	2000	2 to 4	4	520	2520
No code Posterior Occipito cervical Fusion +/- decompression	180	2000	4 to 5	4	520	2520
V2980 Anterior and Posterior Cervical Decompression and Fusion - single level	180	2000	3 to 4	3	390	2390
Anterior and Posterior Cervical Decompression and Fusion - two level	210	2250	3 to 4	3	390	2640
No code Anterior Cervical Corpectomy	180	2000	3 to 4	3	390	2390
No code Anterior Cervical Corpectomy and Posterior Instrumented Fusion +/- Decompression	300	3000	4 to 5	4	520	3520
No code Posterior Cervico-thoracic Fusion +/- decompression	180	2000	3 to 5	3	390	2390
V2400 Posterior Thoracic Decompression and Fusion	180	2000	4 to 5	3	390	2390
V3122* Anterior Thoracic Discectomy Decompression and Fusion	240	2500	5 to 7	3	390	2890
V2542 Lumbar Microdiscectomy with undercutting facetectomy - single level one side	90	1250	1 to 2	2	260	1510
Lumbar Microdiscectomy with undercutting facetectomy - single level both sides	120	1500	1 to 2	2	260	1760
Lumbar Microdiscectomy with undercutting facetectomy - two level one side	120	1500	1 to 3	2	260	1760
Lumbar Microdiscectomy with undercutting facetectomy - two level both sides	150	1750	1 to 3	2	260	2010
V2543 Revision Lumbar Discectomy with undercutting facetectomy - single level	90	1250	1 to 2	2	260	1510
Revision Lumbar Discectomy with undercutting facetectomy - two level	120	1500	1 to 3	2	260	1760
V2560 Central Lumbar Decompression - single level	90	1250	1 to 2	2	260	1510
Central Lumbar Decompression - two level	90	1250	1 to 3	2	260	1510
V2562 Central Lumbar Decompression - three level	120	1500	2 to 3	2	260	1760
V2660 Revision Central Lumbar Decompression - single level	120	1500	2 to 3	2	260	1760
Revision Central Lumbar Decompression - two level	150	1750	2 to 4	2	260	2010
V3362 Lumbar Decompression and Instrumented Fusion incl TLIF, Perc screws - single level	150	1750	4 to 6	3	390	2140
Lumbar Decompression and Instrumented Fusion incl TLIF, Perc screws, dynamic hybrid- two level	180	2000	4 to 6	3	390	2390
Lumbar Decompression and Instrumented Fusion incl TLIF, Perc screws, dynamic hybrid - three level	210	2250	5 to 7	3	390	2640
V2652 Revision Lumbar Decompression and Instrumented Fusion incl TLIF - single level	180	2000	4 to 6	3	390	2390
Revision Lumbar Decompression and Instrumented Fusion incl TLIF - two level	210	2250	5 to 7	3	390	2640
V3340* Anterior Lumbar Fusion - single level - +/-Vascular cover V3345 (separate fee)	120	1500	2 to 3	2	260	1760
Anterior Lumbar Fusion - two level - +/-Vascular cover V3345 (separate fee)	180	2000	2 to 4	3	390	2390
V3350* Anterior and Posterior Lumbar Fusion - single level - +/-Vascular cover V3345 (separate fee)	240	2500	2 to 4	3	390	2890
Anterior and Posterior Lumbar Fusion - two level - +/-Vascular cover V3345 (separate fee)	300	3000	3 to 5	3	390	3390
V4280* Correction Degenerative Scoliosis Decompression Fusion Upper to Lower Lumbar	180	2000	5 to 7	4	520	2520
Correction Degenerative Scoliosis Decompression Fusion Lower Thoracic to Lower Lumbar	240	2500	5 to 7	4	520	3020
Correction Degenerative Scoliosis Decompression Fusion Upper Thoracic to Lower Lumbar	330	3000	> 7	4	520	3520
V4302* Anterior Vertebrectomy Reconstruction and Posterior Instrumentation (incl Tomita)	330	3000	> 7	4	520	3520
V4080 Lateral Lumbar Interbody Fusion with Posterior Instrumentation - single level	240	2500	1 to 2	3	390	2890
Lateral Lumbar Interbody Fusion with Posterior Instrumentation - two level	300	3000	1 to 3	3	390	3390
V4081 Lateral Lumbar Interbody Fusion with Posterior Instrumentation - three level	330	3000	2 to 4	3	390	3390
V4100* Posterior Correction of Scoliosis with Instrumentation Fusion	300	3000	5 to 7	4	520	3520
V4120* Anterior Correction of Scoliosis with Instrumentation Fusion	300	3000	5 to 7	4	520	3520
V4150* Anterior Correction of Kyphosis with Instrumentation Fusion	330	3000	> 7	4	520	3520
V4160* Posterior Correction of Kyphosis with Instrumentation Fusion	330	3000	> 7	4	520	3520
W0660 Coccygectomy	30	500	2	2	260	760



## **Terms and Conditions of Treatment**

The following are my terms and conditions of treatment in the private health care sector. My fee schedule for common procedures is available on request. It can also be found via my website.

You, as patient, have requested a consultation and / or treatment on a private basis from me, as surgeon.

You have the right to question and discuss my opinion and treatments at any time, to ensure you fully understand your diagnosis, the potential non-operative and operative treatments available, your treatment plan and the relative benefits and risks involved. You have the right, at any time, to seek an independent second opinion to reassure you that the correct diagnosis has been made, and the correct treatment plan has been agreed upon.

I undertake to perform a full clinical history and examination, order appropriate investigations and to offer evidence-based treatments that, in my opinion, offer the best available care for your condition. I will undertake your outpatient, day case or inpatient care fulfilling all my responsibilities as set out by the General Medical Council. Copies of all correspondence about your case will be sent to you and your General Practitioner.

You are wholly responsible for the payment of my fees, which I advise you to discuss before embarking upon treatment as a private patient. The responsibility for full payment of fees does not rest with your insurer. It is important that you check your level of cover and the maximum reimbursement that your insurer will give for medical services before you embark upon treatment, as there may be a gap between my fee and the amount your insurer will reimburse. You will be responsible for funding that gap.

Terms are payment of fees within 28 days of invoice. Invoices will be sent within 2 weeks of outpatient consultation, or within 2 weeks of completion of inpatient care.

You must sign a consent form for all surgical procedures. I will carry out all surgical procedures personally, with appropriate assistance from trained staff where necessary. You must not sign your consent form until you are happy that you fully understand your diagnosis, the treatments available and the risks and benefits involved in treatment. You should address any questions or concerns about anaesthesia to the Consultant Anaesthetist providing your care.

All surgical procedures bear the risk of complications. The risk of complications will be explained to you before your surgery, based on your individual clinical circumstances. The surgical treatment of immediate common complications, such as wound infection, bleeding or spinal fluid leak will be included in the fee for your original procedure. Revision surgery for continuing medical problems, however, will attract a further surgical fee.

Private investigations and surgical treatment can become very expensive and I understand that if patients do not have full medical insurance, they may not be able to continue with

investigations or treatment in the private sector. I am more than happy to transfer your treatment between the private sector and the National Health Service at any stage on your request. The standards of care that you will receive in both sectors are equal and the indications for all investigations and operations are the same. Standard Welsh National Health Service waiting times from GP referral to treatment will apply.

Please sign and return one copy of these terms to indicate that you agree to them and fully accept them.

Mr Michael J H McCarthy  
BMedSci BMBS(Hons) MRCS(Eng) MSc(OrthEng) FRCS(Tr&Orth)  
Consultant Spinal Surgeon and  
Honorary Senior Lecturer, University of Cardiff

Patient Signature: .....

Patient Name: .....

Date: .....