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|  | EJSU SHAPE Central European Practice Room 206, Building 306 Rue Grunther 7010 SHAPE Mons Belgium |  |
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*Please complete this form in BLOCK CAPITALS (All fields are mandatory).
Failure to complete the form accurately may result in delay of payment.*

Direct Billing form for a Service Person or Dependant attending a Secondary Care Consultation approved via Healix

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|---|--|
| Patient Name in Full | |
| Secondary Healthcare (SHC) Appointment Date | |
| Region & Country | |
| Date FCO Healthline Healix authorised this SHC appointment | |
| Have you been prescribed medication YES / NO | |

Signature of Patient _____
(Parent/Guardian if child under 18 yrs)

Date _____

You must complete this form and hand it to the Secondary Healthcare Provider at the end of your consultation/treatment.

To the Healthcare Provider:

Please attach this form to your invoice and forward it to EJSU SHAPE Central European Practice by email or post:

Post: EJSU SHAPE, Central European Practice, Room 206, Building 306, Rue Grunther, 7010 SHAPE Mons, Belgium

Civilian Email: DPHCBFG-EJSU-CEP@mod.gov.uk