
	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 attending a Primary Care Consultation

Patient Name in Full	
Primary Healthcare (PHC) Appointment Date	
Region & Country	
Have you been referred for Secondary Healthcare Treatment (SHC) YES / NO	
Have you been prescribed medication YES / NO	

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

Date of Signature _____

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

To the Healthcare Provider:

Please attach this form to your invoice with a **copy of the consultation notes** 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

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