

INVOICE

Barbara Gow
Oxford PGMDE
The Triangle
Roosevelt Drive
Headington
Oxford
OX3 7XP

Invoice Number:.....

Invoice Date:.....

Claimant's Name.....

Address.....

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.....

GENERAL PRACTICE

Medical Defence Fees - Total	£.....
Hospital Component	£.....
TOTAL CLAIMED (Fees less hospital component)	£.....

Please enclose a copy of the receipt detailing the exact cover that you have paid for and the Deanery will reimburse the difference between the hospital and GP components.

Please note that we would expect every Specialty Trainee to have applied for the most cost effective option with their preferred medical indemnity provider.

Dates of GP Placements:.....

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Signature: