

# Great Ormond Street Hospital for Children NHS Foundation Trust

## Payment Terms

The Trust reserves the right to charge interest on all accounts, which are overdue for payment. Note that terms and conditions of settlement are strictly in accordance with National Health Service Management Executive guidelines.

### PAYMENT CAN BE MADE BY THE FOLLOWING METHODS

■ **BACS (UK Only)**                      **Account Name:**                      **GOSH NHS FOUNDATION TRUST**  
**Account Number**                      **10001514**  
**Sort code:**                              **60-70-80**

**Reference: Please quote patient hospital number (PX number) or invoice number**

■ **Bank Transfer from Overseas (Sterling & Foreign Currency)**

**BIC (SWIFT CODE)**                      **NWBKGB2L**  
**IBAN Number:**                      **GB12NWBK60708010001514**  
**Account Name:**                      **GOSH NHS FOUNDATION TRUST**  
**Name of Bank:**                      **NATWEST**  
**Bank Address:**                      **London Corporate Service Centre**  
**CPB Services**  
**2nd Floor**  
**280 Bishopsgate**  
**London**  
**EC2M 4RB**

**Reference: Please quote patient hospital number (PX number) or invoice number**

■ **Cheques (Sterling only)**                      Please make payable to Great Ormond Street Hospital for Children NHS Foundation Trust. Please write invoice number on the reverse of the cheque, and send along with tear-off remittance slip below to:  
**Great Ormond Street Hospital for Children NHS Foundation Trust**  
**Barclay House Level 3, Great Ormond Street, London, WC1N 3JH**

■ **Cash**    Please be aware that Great Ormond Street Hospital does not accept cash payments of any value.

■ **Credit Card/Debit Card**                      Please complete the slip below and send to:  
**Great Ormond Street Hospital for Children NHS Foundation Trust**  
**Barclay House Level 3, Great Ormond Street, London, WC1N 3JH**  
Card payments can also be done via telephoning the hospital on 020-7762-6823

■ **Remittance details**                              Please send all remittances to:  
**Great Ormond Street Hospital for Children NHS Foundation Trust**  
**Barclay House Level 3, Great Ormond Street, London, WC1N 3JH**  
or Fax to: **020-7829-8681**  
or e-mail to: **receipts@gosh.nhs.uk**

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I wish to settle invoice number:

Please debit by  Visa  MasterCard  Maestro  Delta  Solo

Card Number  -  -  -

Please enclose a S.A.E if you require a receipt

Expiry Date  /                       Last 3 digits of security number (found on back of card)

Cardholders Name (as it appears on card) \_\_\_\_\_

Cardholders Address \_\_\_\_\_

Post Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_