

Certificate of Registration

This is to certify the following service provider has been registered by the Care Quality Commission under the Health and Social Care Act 2008

Certificate number: CRT1-581414537
Certificate date: 14/01/2013
Provider ID: 1-199708971

Section 1

Service Provider details

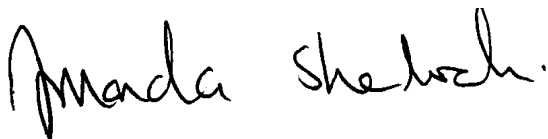
Name of service provider: Billingham Medical Practice

Partnership members: Dr. Kenneth Leeper, Dr. Helen Passfield

Address of service provider: 39 High Street
Billinghay
Lincoln
Lincolnshire
LN4 4AU

Date of Registration: 01/04/2013

Signed



Amanda Sherlock
Director Operations for the Care Quality Commission

Section 2

It is a condition of registration in respect of the regulated activity/ies shown below that the membership of the partnership is as follows:

Dr. Kenneth Leeper
Dr. Helen Passfield

The Partnership is registered in respect of
Regulated Activity: **Diagnostic and screening procedures**

For Regulated Activity **Diagnostic and screening procedures** the Nominated Individual (where applicable) is:

N/A

Conditions of registration that apply to:
Billinghay Medical Practice for Diagnostic and screening procedures

1. The registered provider must ensure that the regulated activity Diagnostic and screening procedures is managed by an individual who is registered as a manager in respect of that activity at or from all locations.
2. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Billinghay Medical Practice 39 High Street Billinghay Lincoln Lincolnshire LN4 4AU
Location ID	1-538910792
Additional conditions that apply at this location	

The Partnership is registered in respect of
Regulated Activity: **Family planning**

For Regulated Activity **Family planning** the Nominated Individual (where applicable) is:
N/A

Conditions of registration that apply to:
Billingham Medical Practice for **Family planning**

1. The registered provider must ensure that the regulated activity Family planning is managed by an individual who is registered as a manager in respect of that activity at or from all locations.
2. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Billingham Medical Practice 39 High Street Billingham Lincoln Lincolnshire LN4 4AU
Location ID	1-538910792
Additional conditions that apply at this location	

The Partnership is registered in respect of
Regulated Activity: **Maternity and midwifery services**

For Regulated Activity **Maternity and midwifery services** the Nominated Individual (where applicable) is:

N/A

Conditions of registration that apply to:

Billingham Medical Practice for **Maternity and midwifery services**

1. The registered provider must ensure that the regulated activity Maternity and midwifery services is managed by an individual who is registered as a manager in respect of that activity at or from all locations.
2. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Billingham Medical Practice 39 High Street Billingham Lincoln Lincolnshire LN4 4AU
Location ID	1-538910792
Additional conditions that apply at this location	

The Partnership is registered in respect of
Regulated Activity: **Surgical procedures**

For Regulated Activity **Surgical procedures** the Nominated Individual (where applicable) is:
N/A

Conditions of registration that apply to:
Billingham Medical Practice for **Surgical procedures**

1. The registered provider must ensure that the regulated activity Surgical procedures is managed by an individual who is registered as a manager in respect of that activity at or from all locations.
2. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Billingham Medical Practice 39 High Street Billingham Lincoln Lincolnshire LN4 4AU
Location ID	1-538910792
Additional conditions that apply at this location	

The Partnership is registered in respect of
Regulated Activity: **Treatment of disease, disorder or injury**

For Regulated Activity **Treatment of disease, disorder or injury** the Nominated Individual
(where applicable) is:

N/A

Conditions of registration that apply to:

Billingham Medical Practice for Treatment of disease, disorder or injury

1. The registered provider must ensure that the regulated activity Treatment of disease, disorder or injury is managed by an individual who is registered as a manager in respect of that activity at or from all locations.
2. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Billingham Medical Practice 39 High Street Billingham Lincoln Lincolnshire LN4 4AU
Location ID	1-538910792
Additional conditions that apply at this location	

End of certificate