

# Funding request form



**Please complete this form to check for cover for all Bupa patients who need sclerotherapy treatment for varicose veins, or where we've asked for more information about another varicose vein treatment.**

Our health insurance policies cover varicose vein treatment when the patient is experiencing symptoms, in line with NICE Clinical Guidelines 168: Varicose veins: diagnosis and management. They don't cover cosmetic or preventative treatments, or those for chronic conditions.

Please type this form and complete all sections. Without the information requested, our funding decision may be delayed.

**Then send your completed form by secure email to: [policyreviewervveins@bupa.com](mailto:policyreviewervveins@bupa.com)**

Information you send to this email address may not be secure unless you send us your email through Egress. To sign up for a free Egress account, go to <https://switch.egress.com>

We'll call to let you and the patient know whether the treatment is covered within three working days of receiving the completed form.

If you've any questions, please call us on **0345 600 4534**. We're here between 8am to 6pm Monday to Friday and 8am to 4pm Saturday. We may record or monitor our calls.

## 1. About the patient

Title (please tick)  Miss  Mrs  Ms  Mr  Dr  Other (please state)

Patient's name

Date of birth

Bupa membership number

Phone number

## 2. About the consultant

Consultant's name

Bupa provider number

Phone number

Hospital/clinic name

Email address

### 3. Diagnosis

Is the patient symptomatic?

Yes

No

If yes, what are the patient's current symptoms?

Is there an underlying cause/insufficiency?

Yes, please explain

No, please give further details

### 4. About the treatment

Procedure code(s)

Treatment date

Which leg is being treated?  Right leg  Left leg  or bilateral surgery

Is the patient having treatment as:

An out-patient?  Yes  No

Day-case?  Yes  No

What type of anaesthetic is the patient having?  Local  General  None needed

Will an anaesthetist be present?

Yes, please give anaesthetist's name and Bupa provider number:

No. If no, will anaesthetic be administered by the consultant?  Yes  No

Is it staged surgery?  Yes, please explain below  No  Not applicable

How many sessions are being proposed?

Not applicable

### 5. Consultant's declaration

**Please complete this section to confirm that the information on this form is accurate, that you've obtained informed consent from the patient and have explained all the risks and alternatives associated with this treatment.**

I understand that the clinical information I've supplied may be considered to be a medical report for insurance purposes. I confirm that my patient (or their legal representative) has given their permission for me to share this information and, where they've asked to review this information, they've been given an opportunity before I submitted this form.

Consultant's name

Date

General Medical Council number