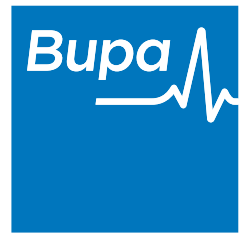


Funding request form



Please complete this form to check whether the proposed transfer of your Bupa patient from an NHS to private hospital is covered by their healthcare scheme. Information about what is and isn't covered is available at the end of this form.

Completing the form

Please complete all sections of this form. Without all the information, our response to your funding request may be delayed.

Return the completed form to us by email to: **NHStransfer@bupa.com** or via Healthcode. If you need to send us sensitive information you can email us securely using Egress^.

We'll let you know by email within a working day of receiving the completed form whether cover is available.

If you've any questions, please call us on: **0345 266 1763*** between 8am and 6pm Monday to Friday and happy to help.

1. Patient's information

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

Patient's name

Date of birth

Patient's phone number

Bupa membership number

2. Information about NHS admission

NHS hospital name

Responsible (lead) NHS consultant's name

Date of admission to NHS

Diagnosis

Comorbidities

Treatment/surgical procedure(s) to date

* We may record or monitor our calls.

^ For more information and to sign up for a free Egress account, go to <https://switch.egress.com>. You won't be charged for sending secure emails to a Bupa email address using the Egress service.

2. Information about NHS admission continued

Was the patient admitted to HDU/ ITU/ CCU during their NHS admission?

Yes No

If yes please specify:

Admission date

The level of care the patient is receiving: Level 1 / Level 2 / Level 3

Date and time of discharge back to general ward

Has the patient been reviewed by the critical care outreach team?

Yes No

If yes, please give details:

Please attach the NHS hospital discharge / transfer summary

3. Information about transfer to private hospital

Private hospital name

Responsible (lead) consultant's name

Phone number

This transfer to a private hospital is for (please tick the most appropriate option):

Surgery • Date of surgery

• Procedure code

• Procedure description

• Name of anaesthetist

Acute medical treatment If ticked, please provide the treatment plan.

Medical assessment

If ticked, please provide a treatment plan

What is the expected date of transfer?

Is a private bed available

Yes No

If yes, please provide details:

4. Discharge Information

Will the discharge plan have already begun before transfer?

Yes No

If yes, please give details

(including care arrangements before admission, community referrals being put in place, equipment, support or social care package requirements):

Has the patient ever had a referral for palliative care?

Yes No

If yes, please complete below:

Is the patient receiving palliative care?

Yes No

Is the patient receiving end of life (EOL) care?

Yes No

Has there been an advanced care discussion?

Yes No

If yes, please give the name(s) and title(s) of the decision maker(s) and their relationship to the patient:

Please give details of the decisions made by the people named above:

Is there a DNAR (Do Not Attempt Resuscitation Order) in place?

Yes No

Has the patient's preferred place of death been discussed?

Yes No

If yes, please give details

5. Consultant's declaration

Please ask the lead consultant accepting the patient to complete the section below.

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 to do so before I submitted this form.

By completing this declaration, I also confirm that I:

- accept responsibility for this Bupa patient's care and that they are well enough to transfer from an NHS to a private hospital;
- have seen the patient before the transfer **OR** received an adequate verbal or written handover from the referring NHS consultant; and
- will provide regular clinical updates to Bupa when requested.

Consultant's name

Date

D	D	M	M	Y	Y	Y	Y
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General Medical Council number

6. Information about Bupa cover

What's covered:

Private treatment in hospital after an emergency admission provided that:

- the consultant who is in overall charge of the patient's treatment has agreed that the patient is well enough to transfer their care to receive private treatment; and
- the consultant receiving the patient at the Bupa recognised hospital accepts responsibility for their care; and
- we've confirmed to the patient, or their consultant, that the treatment is covered by their healthcare scheme.

What's not covered:

- emergency treatment, whether provided in an NHS accident and emergency department or equivalent private setting.
 - the cost of transferring a patient's care from an NHS intensive care or high dependency unit to a private hospital unless:
 - o they've been discharged from an NHS critical care unit to an NHS general ward for more than 24 hours
 - o the patient's consultant agrees that they're well enough to transfer; and
 - o we've confirmed that the patient's treatment is covered by their healthcare scheme.
 - the cost of transfer from an NHS ward directly into a private intensive care or high dependency unit.
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