

# Funding request form



**Please complete this form when we've asked you for more information to check whether a Bupa patient's skin procedure for a non-cancerous lesion is covered by their policy. There's no need to complete this for cancerous lesions.**

Our healthcare schemes cover treatment of skin condition in line with clinical best practice when the patient is experiencing symptoms. They don't cover cosmetic or preventative treatments or those that provide temporary relief of symptoms.

Please complete this form on a computer and fill in all sections, as it captures all the information we need to see whether the proposed treatment is covered by the patient's scheme. We're unable to agree funding based on incomplete forms or evidence and we'll need to ask for more information, which is likely to delay our funding decision and the patient's treatment.

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

**Please return this form to us by secure email to: [skinlesions@bupa.com](mailto:skinlesions@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/ui/learn>

Please let us know how you'd prefer us to contact you about this?

Phone  or secure email

## What's the best phone number/email address to use?

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

## 1. Patient's details

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

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Patient's name

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Date of birth

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Bupa membership number Phone number

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## 2. Clinician's details

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Consultant's name

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Bupa provider number Phone number

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Email address

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### 3. Diagnosis

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Diagnosis/suspected diagnosis

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Current symptoms

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Any other additional information/clinical rationale

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What part of the body is being treated?

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Has histopathology already taken place?

Yes, please give the diagnosis below  No  Not applicable

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Is histopathology required?

Yes  No  Not applicable

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**Please complete this section if the patient has a skin cancer or melanoma confirmed via histopathology**

What is the patient's diagnosis?

Basal cell carcinoma  Squamous cell carcinoma  Melanoma  Other, please give details below

Is the patient aware of the diagnosis?  Yes  No

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## 4. About the proposed treatment

Treatment date(s)

Name of hospital or clinic

If you're not the consultant carrying out the treatment, please give their name

Procedure code(s)

How is the patient having their treatment?  As an out-patient  Day-case  In-patient

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

Will an anaesthetist be present?

Yes. If so, please give the anaesthetist's name and Bupa provider number

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

## 5. Consultant's declaration

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