

Dear Bupa Member

Thank you for contacting us regarding your forthcoming claim (or for your dependant's claim).

As we explained over the telephone, to enable us to deal with your enquiry, we will require a medical questionnaire to be completed by the healthcare practitioner treating you.

Thank you for agreeing to receive this medical questionnaire by e-mail or thank you for agreeing to print it from the internet. Please find the relevant forms overleaf.

We want to ensure that your medical history is kept secure and for this reason we need you to fill in some sections on the questionnaire yourself. We have marked these sections with red crosses and left a space for your completion. The Medical Risk Assessor you spoke to will have checked with you that you have all of the information that you need including their name and your registration number. The Medical Risk Assessor has also advised you of the condition or symptoms that we are requesting the report to be completed on. Please use the wording that the Medical Risk Assessor specified so that we can get the accurate information we need from your healthcare practitioner.

Before your healthcare practitioner can write this kind of confidential report for us, he or she will need your permission in writing. Therefore you will also find overleaf a consent form which you will need to complete. The consent form explains your rights in connection with medical reports, such as your right to read the report prior to it being sent to us.

So that we can process your claims enquiry as quickly as possible, it would be helpful if your healthcare practitioner can fax the information back to us. Our fax number is 01784 893 735. If the information is going to be sent by post, our address is: Medical Risk Assessment (Private), Bupa, FREEPOST, Staines, Middlesex, TW18 3BR.

If your healthcare practitioner charges for completing the medical questionnaire, we will be happy to contribute up to £15.00. We will pay this once we have received all of the information requested. If your healthcare practitioner requires payment before releasing this information, please send us a receipt.

If you should have any queries relating to this matter, please do not hesitate to contact us, on 0845 600 0850.

Yours faithfully

Bupa Medical Risk Assessment Team

Healthcare Practitioner's Treatment Form

Patient Name: X.....
Patient Date of Birth: X.....
Referral for (symptoms / condition): X.....
Registration Number: 09/ X.....
Requested by (Medical Risk Assessor name): X.....

WHERE POSSIBLE, PLEASE RETURN THE COMPLETED REPORT BY FAX, INCLUDING A COPY OF THE RELEVANT REFERRAL LETTER (Fax: 01784 893 735)

The following questions are to be completed by the relevant healthcare practitioner only:

1. Is the referral letter attached? **Yes/No** (*please delete as necessary*).
If referral letter is not attached, please indicate why. Not including the referral letter may cause a delay to this claim being processed.

2. Please specify how long this patient has been registered with your practice and if you have access to their full notes.

3. Please give all dates of when the above patient saw you, or any other healthcare practitioner, regarding the condition or symptoms, as stated above.

4. Please state how long the condition or symptoms had been present before the patient initially saw you? Please be as precise as possible.

5. Has the patient had a history of any other medical problem that is linked to the new condition/symptom? If so, please provide full details including dates, investigations and treatment and whether these are ongoing.

PRACTICESTAMP

Print name _____ Date _____

Contact telephone number: _____



Patient declaration and consent

Your rights - access to medical reports

Please read this section carefully

In order to support your application or claim we may need to obtain further medical details from your consultant or GP. The information supplied to us will only be used in respect of processing your application or claim and operating your membership with us. The information will be retained and processed by Bupa on a confidential basis, in accordance with the Data Protection Act. By making such a request it does not give you the rights in law under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (NI) Order 1991, however Bupa will afford equivalent rights to you. The rights are listed below.

When we need to request a medical report from your consultant or GP, we can do this on your behalf with your consent when you sign the 'Patient's declaration and consent' on the next page. You can choose from three courses of action.

1. You can give your consent without asking to see the doctor's report before it is sent to us. The doctor will send the report directly to us.
2. You can give your consent, but ask to see any report before it is sent to us, in which case you will have 21 days, after we notify you that we have requested a report from the doctor, to contact your doctor and make arrangements to see the report.

If you fail to contact the doctor within 21 days, they will be entitled to send the report direct to us. If however you contact your doctor with a view to seeing the report, you must give the doctor written consent before they can release it to us.

You may ask your doctor to change the report if you think it is misleading. If your doctor refuses, you can insist on adding your own comment to the report before it is sent to us.

Should you give your consent to us obtaining a report without indicating that you wish to see it, you can change your mind by contacting your doctor before the report is sent to us. In which case you will have the opportunity to see the report and ask the doctor to change the report or add your comments before it is sent to us, or withhold your consent for its release.

3. You can withhold your consent but, if you do, please bear in mind that we may be unable to progress your application or claim.

Whether or not you indicate that you wish to see the report before it is sent, you have the right to ask your doctor to let you see a copy, provided that you ask them within six months of the report having been supplied to us.

Your doctor is entitled to withhold some or all of the information contained in the report if (a) they feel that it may be harmful to you (b) it would indicate their intentions in respect of you or (c) would reveal the identity of another person without their consent (other than that provided by a health professional in relation to your care).

Your doctor may charge you a reasonable fee to cover the cost of supplying a copy of a medical report. The fee is not refundable by Bupa.



This form will be used to obtain a medical report:

- (i) If you are a new member in support of your application to join Bupa; or
- (ii) If you are an existing member in support of a claim under your policy.

Please read this declaration and then sign the form to show your consent.

If I am making a claim I declare that at the time the expenses were incurred I was a member of Bupa entitled to private medical insurance benefits.

If this relates to an application or a claim:

- I consent to Bupa applying to my/the patient's general practitioner or consultant on my/the patient's behalf to obtain a medical report which I require to support my application or claim as to the history and nature of the condition or its treatment.
- I understand that the information given will be retained and processed by Bupa on a confidential basis, in accordance with the Data Protection Act.
- I am aware that my making such a request does not give me/the patient the rights in law under the Access to Medical Reports Act 1988 and the Access to Personal File and Medical Report (NI) Order 1991 ("AMRA"), however Bupa will afford equivalent rights to me. I have read and understand these rights (listed on the previous page).
- I agree that I will be liable for the cost of the report.
- I do*/do not* wish to see the report before it is sent.

**Delete as necessary*

Patient's name: **X**.....

Membership number: **09/ X**.....

Signature of patient
(or parent/guardian) **X**.....

Date: **X**.....

Please remember to send this signed consent form along with the attached letter direct to the relevant healthcare practitioner.

Please do not send the form back to Bupa as this will delay the processing of your application or claim.



INVOICE

Patient details

Name: X.....
 Address: X.....
 Postcode: X.....
 Requested by internet / email: X.....
 Registration number: 09/ X.....

I confirm that I am the Healthcare Practitioner of the practice as indicated and I have referred the above patient for treatment.

Name:

PRACTICE STAMP

Please ensure the practice stamp is clear to prevent delays in payment. Thank you

Signature:

Date:

Report fee:

Bupa will contribute £15 towards the cost of this medical report.

PLEASE MAKE CHEQUE PAYABLE TO:
(PRINT NAME)

Who is the payment to be made to: Member Healthcare Practitioner

If you are claiming a fee from Bupa, we will aim for your payment to reach you within 4 weeks from the date we receive your report. In the unlikely event that you have not received your payment after this time please enquire on 0845 6000850.

BUPA IS NOT ABLE TO PAY FOR REPORTS IN ADVANCE.

For Office Use Only - MEDICAL REPORT AUTHORISATION	
Cost Centre Number / Authorisation Code	12611 / 736070