Welcome to the Bupa Physiotherapy Network renewal application.

Thank you for your interest in continuing to be part of our Physiotherapy Network.

Before starting your renewal application, please read the important points below about our Physiotherapy Network.

The application will take about 60 minutes, depending on the complexity of your practice. Please visit [http://www.bupa.co.uk/physio-renewal](http://www.bupa.co.uk/physio-renewal) for more information about completing your application, including a guide and the terms and conditions you will be asked to agree to as part of your contract with us.

**Completion tips**

All compulsory questions are marked with an asterisk *

Move through the questions quickly using the 'tab' key or revisit questions by clicking the 'previous page' button at the bottom of the page.

If you are unable to complete your application in one session you can come back to it later, simply click on the Save button at the bottom of the screen. Just save the link to your application and you can return to it any time.

Please take time to read the standard terms because, along with the information you provide, this will form the basis of your contract with us. We will take it that you have satisfied yourself as to the extent of your obligations under this contract.

Before you submit your application please review it carefully for accuracy and completeness.

Once you are happy with the information you've provided please then ensure you complete your application by pressing the 'Submit' button on the final page.

You will then receive confirmation on screen that your submission has been sent to us.

**Finalising your application**
If your application is successful we will send you an email, using our secure email service, with your completed application attached offering you a place in the network. To finalise your application you will need to accept our offer and reply to this email in the required format.

By replying, you will be accepting our offer and agreeing that you would like to join the network and entering into a legally binding contract with us. We will be unable to accept your email if the format has been amended in any way.

We suggest you print or save a copy to retain for your records.

We look forward to receiving your application.

Thank you

Alex Perry
Director, Health and Benefits Management
Bupa

(End of Page 1)

Confidentiality agreement

We will only use the information you have submitted to us as part of this process for the purposes of this application, and in our on-going relationship in the event that you join the Bupa Physiotherapy Network. The application form explains which information may be shared with Bupa members, on a Bupa website and through other media. You can accept or decline this as you complete the application form.

We will share information that is commercially sensitive with you during this process and all copyright is reserved by Bupa. Any discussions between us relating to this questionnaire will also be in commercial confidence.

1. Please confirm that you have read and understood this *
   ○ I understand and accept that the information shared with me during this process and in my discussions with Bupa is shared on the basis that it is confidential.

2. Please confirm that each physiotherapist will be: *
   
   • a member of the Chartered Society of Physiotherapy (CSP)
   
   • fully registered with the Health & Care Professions Council (HCPC)
   
   • able to demonstrate Continuing Professional Development in line with the Chartered Society of Physiotherapy's revised standards for Continuing Professional Development
   
   • able to demonstrate at least 2 years experience working as a senior clinician in their chosen speciality
   
   • able to show evidence of audit against the Quality Assurance Standards for Clinical Practice and Service delivery set by the CPS

   ○ Yes, this is correct
Section one: About you and your practice

5. Your practice
   Bupa Provider Number ______________________
   Provider/practice name *
   Note: this is the legal name of the person or practice that will be entering into a contract with Bupa.
   ______________________
   If there is more than one facility, please let us know how many: ______________________

All facilities or sites included in this application need to agree to the same fees. If a facility or site has different fees, please complete a separate application.

This application is for up to 10 facilities, if you have more than 10, please call us and we'll send you an extension form. 0845 600 4078, lines are open 9am to 5pm, Monday to Friday. Calls may be recorded and may be monitored.

6. Contacting you

Please let us have the contact details for the person completing this application. We will use these details to contact your practice.

The email address you give us will be our main means of contacting you.
   Title ______________________
   Forename(s) * ______________________
   Surname * ______________________
   Position / job title ______________________
   Address 1 * ______________________
   Address 2 ______________________
   Town * ______________________
   Postcode * ______________________
   Telephone number * ______________________
   Mobile ______________________
   Email * ______________________
   Confirm email * ______________________
   Website ______________________
Bupa recognised providers are usually under the age of 70. Practitioners over the age of 70 are welcome to apply, but we may ask for a copy of their most recent appraisal. Additional information should be sent via secure email with your completed application form to physiotherapy@bupa.com

7. Your practice manager
   Title ______________________
   Forename(s) ______________________
   Surname ______________________
   Job title ______________________
   Email address ______________________
   Telephone number ______________________

8. Is the practice happy to receive email communications from Bupa? *
   ☑ Yes

9. We would like to send the practice information about the products and services that Bupa provides, are you happy to receive these communications? *
   ☑ Yes
   ☑ No

10. As part of the Bupa Physiotherapy Network, practices agree to submit invoices electronically. You can do this using our free, e-billing facility.

    For information about this, and other ways to bill electronically, please visit http://www.bupa.co.uk/healthcare-professionals/billing-and-payment
    ☑ I agree to submit my invoices to Bupa electronically using one of the methods on the website above *

11. Are you happy for Bupa to include your main profession, any additional professions and practice details, in any printed, electronic or internet based directory of Bupa’s Physiotherapy Network. If you say no, your details will not appear on Finder, our internet provider search engine *
    ☑ Yes
    ☑ No

(End of Page 3)

Section two: About your facility(ies)

12a. About the facility (ies)

All facilities included in this application need to agree to the same fees. If a facility has different fees, please complete a separate application.

This application is for up to 10 facilities, if you have more than 10, please call us and we'll send you an extension form. 0845 600 4078, lines are open 9am to 5pm, Monday to Friday. Calls may be recorded and may be monitored.
Name of facility * ______________________
Address 1 * ______________________
Address 2 ______________________
City / town * ______________________
Postcode * ______________________
Telephone number * ______________________
Mobile ______________________

12b. What type of facility is it? * Please select one from the following
   ○ Dedicated clinical room at home
   ○ Dedicated clinical room at a gym, health centre or sports centre
   ○ Dedicated clinical room within a medical practice
   ○ Dedicated physiotherapy practice
   ○ Physiotherapy facility within a Hospital
   ○ Domiciliary services
   ○ Multidisciplinary therapy practice (therapist only)
   ○ Multidisciplinary medical practice (including medical doctors and therapists)
   ○ Other, please specify ______________________

12c. Which client groups are physiotherapists at the facility qualified to work with *
   ○ Children (0 to 3 years)
   ○ Children (3 to 12 years)
   ○ Children (12 to 16 years)
   ○ Teens (16 to 18 years)
   ○ Adults

12d. Please confirm the details of the lead clinician at this practice
   Title ______________________
   Forename(s) * ______________________
   Surname * ______________________
   Telephone number * ______________________
   Email address * ______________________
   Date of birth * ______________________
   Chartered Society of Physiotherapists (CSP) Membership Number (6 digits) *
   ______________________
   Health & Care Professions Council (HCPC) Membership Number (5 digits) *
   ______________________

12e. Has the lead clinician had an enhanced Disclosure and Barring Services (DBS) check completed within the last three years? *
   ○ Yes, the lead clinician has had an enhanced DBS check completed within the last three years and will attach a copy with the application
   ○ ______________________
   Date DBS check was issued * ______________________
   Agency/Body which provided the DBS check * ______________________
   DBS check reference number * ______________________
You can attach this document via our secure web form here. This form will send your documents directly to us while ensuring that all of your private details remain safe. Please note that if your DBS check was requested by PhysioFirst you are not required to attach a copy.

12f. Please give the following details for all physiotherapists, who treat Bupa customers at this facility *

<table>
<thead>
<tr>
<th>Name</th>
<th>HCPC number</th>
<th>CSP number</th>
<th>Number of years in full time practice</th>
<th>Confirmation that each physiotherapist has had an enhanced DBS check completed within the last three years</th>
</tr>
</thead>
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</tbody>
</table>

Do you wish to add other facilities? *

☐ Yes
☐ No

Questions 12a to f are repeated so that a maximum of 10 practices can be added.

(End of Page 4)
Section three: physiotherapy services

22. From the list below, please select which physiotherapy services the facility/ies listed in 'section two' can offer to Bupa Customers. *

*Please note you will need to have a named lead clinical specialist for each of the services indicated

- Musculoskeletal conditions that affect the muscles, bones and joints
- Vestibular rehabilitation
- Female and male health conditions that affect continence
- Neurology conditions affecting the central nervous system
- Chest / respiratory
- Hydrotherapy
- Hand therapy
- Domiciliary
- Psychosocial aspects of pain management

If you provide a type of physiotherapy not listed above please include these in Section four: additional skills and specialities

(End of Page 5)

23a. About musculoskeletal services:
   How many 'musculoskeletal' physiotherapy sessions has your practice completed in the last 12 months (for all facilities in this application)? * _____________________
   Approximately, what percentage of these were referrals from a consultant? *
   _____________________

23b. Of these, approximately what percentage were...
   *
   Upper limb _____________________
   Lower limb _____________________
   Spinal _____________________

23c. Fees: please include the fees we proposed included in your renewal initiation letter *
   AA360 - Initial Musculoskeletal session _____________________
   AA361 - Follow up musculoskeletal session _____________________

23d. About the lead MSK physiotherapist
   Title _____________________
   Forename(s) * _____________________
   Surname * _____________________
   Most recent postgraduate training supporting MSK services * _____________________
   Date of training * _____________________
   Place of training * _____________________

(End of Page 6)
24a. About vestibular rehabilitation services:
   How many vestibular rehabilitation physiotherapy sessions have you completed in the last 12 months (for all facilities in this application)? *
   ______________________
   Approximately, what percentage of these were referrals from a consultant *
   ______________________

24b. Please confirm what you would charge Bupa customers for: *
   AA350 - Initial vestibular rehabilitation session ______________________
   AA351 - Follow on vestibular rehabilitation session ______________________

24c. About the lead vestibular rehabilitation physiotherapist
   Title ______________________
   Forename(s) * ______________________
   Surname * ______________________
   Most recent postgraduate training supporting vestibular rehabilitation services *
   ______________________
   Date of training * ______________________
   Place of training * ______________________

(End of Page 7 )

25a. About female and male health services:
   How many 'female/male health' physiotherapy sessions have you completed in the last 12 months (for all facilities in this application)? *
   ______________________
   Approximately, what percentage of these were referrals from a consultant *
   ______________________

25b. Please confirm what you would charge Bupa customers for: *
   AA352 - Initial female/male health session ______________________
   AA353 - Follow on female/male health session ______________________

25c. About the lead female and male health physiotherapist
   Title ______________________
   Forename(s) * ______________________
   Surname * ______________________
   Most recent postgraduate training supporting female/male health services *
   ______________________
   Date of training * ______________________
   Place of training * ______________________

(End of Page 8 )
26a. **About neurology services:**
   How many neurology physiotherapy sessions have you completed in the last 12 months (for all facilities in this application)? *
   ______________________________
   Approximately, what percentage of these were referrals from a consultant *
   ______________________________

26b. Please confirm what you would charge Bupa customers for: *
   AA354 - Initial neurology session ______________________________
   AA355 - Follow on neurology session ______________________________

26c. **About the lead neurology physiotherapist**
   Title ______________________________
   Forename(s) * ______________________________
   Surname * ______________________________
   Most recent postgraduate training supporting neurology services *
   ______________________________
   Date of training *
   ______________________________
   Place of training *
   ______________________________

(End of Page 9 )

27a. **About chest and respiratory services:**
   How many chest and respiratory physiotherapy sessions have you completed in the last 12 months (for all facilities in this application)? *
   ______________________________
   Approximately, what percentage of these were referrals from a consultant *
   ______________________________

27b. Please confirm what you would charge Bupa customers for: *
   AA356 - Initial chest/respiratory session ______________________________
   AA357 - Follow on chest/respiratory session ______________________________

27c. **About the lead respiratory physiotherapist**
   Title ______________________________
   Forename(s) * ______________________________
   Surname * ______________________________
   Most recent postgraduate training supporting respiratory services *
   ______________________________
   Date of training *
   ______________________________
   Place of training *
   ______________________________

(End of Page 10 )
28a. About hydrotherapy services:
   How many ‘hydrotherapy’ physiotherapy sessions have you completed in the last 12 months (for all facilities in this application)?  *
   __________________________
   Approximately, what percentage of these were referrals from a consultant  *
   __________________________

28b. Please confirm what you would charge Bupa customers for:  *
   AA358 - Initial hydrotherapy session __________________________
   AA359 - Follow on hydrotherapy session __________________________

28c. About the lead hydrotherapy physiotherapist
   Title __________________________
   Forename(s)  * __________________________
   Surname  * __________________________
   Most recent postgraduate training supporting hydrotherapy services  *
   __________________________
   Date of training  * __________________________
   Place of training  * __________________________

(End of Page 11 )

29a. About hand therapy services:
   How many ‘hand therapy’ physiotherapy sessions have you completed in the last 12 months (for all facilities in this application)?  *
   __________________________
   Approximately, what percentage of these were referrals from a consultant  *
   __________________________

29b. Please confirm what you would charge Bupa customers for:  *
   AA563 - Initial hand therapy session __________________________
   AA564 - Follow on hand therapy session __________________________

29c. About the lead hand physiotherapist
   Title __________________________
   Forename(s)  * __________________________
   Surname  * __________________________
   Most recent postgraduate training supporting hand therapy services  *
   __________________________
   Date of training  * __________________________
   Place of training  * __________________________
   Do they have full membership of the British Association of Hand Therapists (BAHT)?  *
   __________________________

(End of Page 12 )
30a. About domiciliary services:
Please note that domiciliary services will only be eligible if you are linked to a practice where treatment can be continued.
Approximately, what percentage of referrals are from a consultant * ______________________

30b. Please confirm what you would charge Bupa customers for: *
AA362 - Initial domiciliary visit ______________________
AA363 - Follow on domiciliary visit ______________________

(End of Page 13)

31a. Psychosocial aspects of pain management
Please complete this section if you provide specialist skills in the management of patients with significant psycho-social factors.

Lead physiotherapist's details:
Title ______________________
Forename(s) * ______________________
Surname * ______________________
Most recent postgraduate training supporting these services * ______________________
Date of training * ______________________
Place of training * ______________________

31b. If, in the future, Bupa defines a network of physiotherapists with specific experience, training and expertise in treating patients with significant psycho-social aspects to their pain, would you like to be considered for inclusion? *
☐ Yes
☐ No

(End of Page 14)
Section four: professional details

32. Does each physiotherapist have professional indemnity insurance up to the amount required by the professional regulatory or representative body? *
   - Yes
   - No

33. Does your practice provide any skills / specialities in addition to those you have already listed in 'Section three: physiotherapy services', which you would like us to consider with your application? *
   - Yes
   - No

Please note: if you would like to provide information for more than five skills and/or specialities please complete the application for the initial five and call us on 0845 600 4078 * to discuss the additional skills/specialities.

* Lines are open 9am to 5pm, Monday to Friday. Calls may be recorded and may be monitored

33a. First additional skill/speciality:

Please complete this section if you provide any specialist services or skills you wish us to consider as part of your application

* Please note: only list one skill/speciality per section

Skill/Speciality *
Lead physiotherapist's details ____________________________
   Title ___________________  
   Forename(s) * ___________________
   Surname * ___________________
   Most recent postgraduate training supporting services * ___________________
   Date of training * ___________________
   Place of training * ___________________

Are there any other skills or specialities you wish to add? *
   - Yes
   - No

33b. Second additional skill/speciality:

Please complete this section if you provide any specialist services or skills you wish us to consider as part of your application

Please note: only list one skill/speciality per section

Skill/Speciality *
Lead physiotherapist's details ____________________________
   Title ___________________  
   Forename(s) * ___________________
   Surname * ___________________
   Most recent postgraduate training supporting services * ___________________
Date of training * ___________________________
Place of training * __________________________

Are there any other skills or specialities you wish to add? *
☑ Yes
☑ No

33c. Third additional skill/speciality:

Please complete this section if you provide any specialist services or skills you wish us to consider as part of your application

Please note: only list one skill/speciality per section

Skill/Speciality *
Lead physiotherapist’s details ___________________________
Title ___________________________
Forename(s) * ___________________________
Surname * ___________________________
Most recent postgraduate training supporting services * ___________________________
Date of training * ___________________________
Place of training * ___________________________

Are there any other skills or specialities you wish to add? *
☑ Yes
☑ No

33d. Fourth additional skill/speciality:

Please complete this section if you provide any specialist services or skills you wish us to consider as part of your application

Please note: only list one skill/speciality per section

Skill/Speciality *
Lead physiotherapist’s details ___________________________
Title ___________________________
Forename(s) * ___________________________
Surname * ___________________________
Most recent postgraduate training supporting services * ___________________________
Date of training * ___________________________
Place of training * ___________________________

Are there any other skills or specialities you wish to add? *
☑ Yes
☑ No

33e. Fifth additional skill/speciality:
Section five: quality assurance and service criteria

34. Are physiotherapists at your practice(s) able to show evidence of an up-to-date portfolio, documenting professional development including evidence of audit against the professional values set by the CSP for clinical practice and service delivery? *
   - Yes
   - No

35. Do all physiotherapists work according to published evidence based guidelines? *
   - Yes
   - No

You do not have to answer the following questions, (number 36 to 36f) but we would appreciate your responses to help define future services that will benefit Bupa customers.

36. Where appropriate do physiotherapists use the STarT Back assessment tool to manage back pain?
   - Yes
   - No
   - N/A

36b. Do physiotherapists use any other evidence based assessment tools? If so, please list
   - Yes __________________________
   - No

36c. Please indicate what percentage of back pain patients over the last 12 months were:
   - Low risk __________________________
   - Medium risk __________________________
   - High risk __________________________

36d. As part of their assessment do physiotherapists consider the impact of psychosocial factors?
36e. Does the practice have referral links to psychological services? If yes, please give examples
   ◯ Yes __________________________
   ◯ No

36f. Does the practice provide physiotherapists with on-going speciality supervision to support them in the management of psychosocial factors? If yes, please give examples
   ◯ Yes __________________________
   ◯ No

37. Do physiotherapists perform acupuncture at the practice? *
   ◯ Yes
   ◯ No

37b. Are the physiotherapists full members of the AACP or BMAS? *
   ◯ Yes
   ◯ No

38. Have all physiotherapists at the practice(s) undergone basic life support training in the last two years? *
   ◯ Yes
   ◯ No

39. Do all physiotherapists have appraisals? *
   ◯ Yes
   ◯ No

39b. Are you the only physiotherapist at the practice? *
   ◯ Yes
   ◯ No

40a. Do all physiotherapists participate in the collection of clinical audit data? *
   ◯ Yes
   ◯ No

40b. Is the practice participating in the Physio First Data for Impact Project?
   ◯ Yes
   ◯ No
   ◯ N/A - not a member

41. Are you able to provide documented evidence of clinical audit reviews and the actions taken? *
   ◯ Yes
   ◯ No

42. Will all Bupa customers be offered the opportunity to give customer feedback? *
   ◯ Yes
   ◯ No
43. Are you able to provide evidence of a review of patient feedback and the resulting actions taken? *
   ☑ Yes
   ☑ No

44. What percentage of physiotherapists treatment notes are audited each year? *

(End of Page 16)

45. Does the practice have a documented complaints policy, including response timescales? *
   ☑ Yes
   ☑ No

46. Does the practice have documented evidence of servicing and regular planned maintenance of all equipment? *
   ☑ Yes
   ☑ No
   ☑ N/A

47. Does the practice have a clear written policy for the investigation and reporting of all incidents and accidents? *
   ☑ Yes
   ☑ No

48. Does the practice have up-to-date procedures to identify, store and dispose of clinical waste? *
   ☑ Yes
   ☑ No
   ☑ N/A

49. Is printed or online patient information about the practice profile and facilities available? *
   ☑ Yes
   ☑ No

(End of Page 17)

50. Does the practice(s) offer disabled access? *
   ☑ Yes
   ☑ No

51. Are patients normally seen on a one-to-one basis? *
   ☑ Yes
   ☑ No

52. Does the practice(s) employ support staff - e.g. receptionist/practice manager? *
   ☑ Yes
53. Does the practice(s) provide parking facilities for patients? *
   ☐ Yes
   ☐ No

54. Has the practice been awarded any external accreditation(s) for example, Investors in People? *
   ☐ Yes
   ☐ No

54b. If yes, please list here:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(End of Page 18)

Section six: Innovation and Development

55. If requested, do you agree to provide Bupa with quality and service data? *

The quality data relates to the following performance measures:
- the average wait time between referral and appointment;
- the percentage of clinical notes audited;
- the percentage of members who have completed a satisfaction survey;
- the percentage of Bupa members referred back to GP or consultant for onward referral to another clinical specialist;
- the sessional average for each facility (by sub-speciality); and
- the percentage of consultant referrals.

☐ Yes
☐ No

56. Are you happy for Bupa to share your quality and service data with Bupa customers on websites and other communications? *

Note: the contents of your application will remain entirely confidential. However, please confirm that you are willing for Bupa to share your quality and service related data with customers and the general public.

☐ Yes
☐ No

(End of Page 19)
Section seven: additional information

57. If you would like to include any additional information to support your submission, or you would like to disclose any information which you believe Bupa should be aware of, please include it here:

This may include details of any continuous improvement programme that you may be running as well as anything else that you believe should be considered in your submission, e.g. innovatory treatments or additional services that you provide.

Or, if there are any conflicts of interest or declarations that you wish to make in relation to your submission such as:

- If you or any person employed by you has worked for Bupa Health Funding within the past two years.
- Details of adverse incidents within the past two years which have resulted in legal intervention on behalf of the patient or patient's representative.
- Details of any failure to complete a contract with an organisation or individual which resulted from the provider's inability to fulfil quality or demand criteria.
- Any dispute with staff within the past two years which led to loss in working hours or inconvenience to patients or referring clinicians.
- Details of any employee or company director who has been convicted of, or has a conviction pending for, a criminal offence.
- Details of any declared bankruptcy or insolvency against any company director or financial backer of the Provider.
- Details of all providers or individuals who are providing financial or operational support to this application.

Note: If you have any questions or concerns regarding your application please contact our Physiotherapy Support Team on 0845 600 4078† or email us at physiotherapy@bupa.com.

† Lines are open 9am to 5pm, Monday to Friday. Calls may be recorded and may be monitored.
Section eight: declaration

The online application does not allow for an electronic signature at the point of application. If we offer you a place in the Bupa Physiotherapy Network you will need to agree and accept our offer in the format requested and in doing so will be entering into a legally binding contract with us. You will receive details of how to do this once your application has been assessed.

The person completing the application is deemed to make the following declaration:

• that you have the authority to complete the application on behalf of the provider facility or practice;
• that the information submitted is accurate to the best of your knowledge and any person named in the application has given their full authority to be named;
• that the application declares any and all matters relevant in Section seven: Additional Information, and
• that any conflict of interest, or potential conflict of interest, has been fully disclosed.

You agree and understand that any breach of these declarations will entitle Bupa to reject any proposal or terminate any agreement entered into on the basis of it.

The information supplied is not covered under the Freedom of Information Act and may not be disclosed to any third party without prior agreement of Bupa and the Provider in question.

A person who is not party to this process has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of the contract.

58. Please confirm you accept this declaration. *
   ✗ Yes, I accept this declaration

59. In order to progress your application, please confirm you accept the attached Terms *
   ✗ Yes, I have read and accept these terms which shall form the basis on which I join the Bupa Physiotherapy Network.

(End of Page 21 )
Section nine: contract confirmation

Below is a summary of the information provided by you and the standard terms which together would form the basis of a contract between you and Bupa for the provision of out-patient Physiotherapy Services should you be successful with your application.

Once you have reviewed your application, please complete the process by pressing the 'Submit' button at the end of this page. Your application will only be accessed if it has been submitted.

If your application is successful we will send you an email which will contain details of how to finalise your recognition with Bupa.

This email will be sent to you using Bupa's secure email service. You will also receive a full step by step guide of how to use this service. This is completely free and will only take a couple of minutes of your time. You will be able to use this service as a safe way to communicate sensitive information to Bupa.

---

**Bupa Physiotherapy Network**

**Section one: About you and your practice**

**Your practice**
- Bupa provider number
- Provider/practice name
- If there is more than one facility, please let us know how many

**Contacting you**
- Title
- Forename(s)
- Surname
- Position / job title
- Address 1
- Address 2
- Town
- Postcode
- Telephone number
- Mobile
- Email
- Website

**Your practice manager**
- Title
- Forename(s)
- Surname
- Job title
- Email address
- Telephone number
- Is the practice happy to receive email communications from Bupa?
- We would like to send the practice information about the products and services that Bupa provides, are you happy to receive these communications?
- Confirmation that the practice(s) agree to submit invoices to Bupa electronically
- Are you happy, for Bupa to include your main profession, any
additional professions and practice details in any printed, electronic or internet based directory of Bupa's Physiotherapy Network. If you say no, your details will not appear on Finder, our internet provider search engine

**Section two: About your facility(ies)**

**Main Facility**

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<th>Name of facility</th>
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<td>Address 1</td>
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<td>Address 2</td>
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<td>City / town</td>
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<td>Postcode</td>
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<td>Telephone number</td>
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<tr>
<td>Mobile</td>
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</tr>
<tr>
<td>What type of facility is it?</td>
<td></td>
</tr>
<tr>
<td>Which client groups are physiotherapists at the facility qualified to work with?</td>
<td></td>
</tr>
</tbody>
</table>

**Lead clinician**

| Title                     |  |
| Forename(s)               |  |
| Surname                   |  |
| Telephone number          |  |
| Email address             |  |
| Date of Birth             |  |
| Charted Society of Physiotherapists (CSP) membership |  |
| Health & Care Professions Council (HCPC) membership |  |
| Has the lead clinician had an enhanced Disclosure and Barring Services (DBS) check completed within the last three years? |  |
| Date DBS check was issued |  |
| Agency/Body which provided the DBS check |  |
| DBS check reference number |  |

**Second facility**

| Name of facility          |  |
| Address 1                 |  |
| Address 2                 |  |
| City / town               |  |
| Postcode                  |  |
| Telephone number          |  |
| Mobile                    |  |
| What type of facility is it? |  |
| Which client groups are physiotherapists at the facility qualified to work with? |  |

**Lead clinician**

| Title                     |  |
| Forename(s)               |  |
| Surname                   |  |
| Telephone number          |  |
| Email address             |  |
| Date of Birth             |  |
| Chartered Society of Physiotherapists (CSP) membership | | |
| Health & Care Professions Council (HCPC) membership | | |
| Has the lead clinician had an enhanced Disclosure and Barring Services (DBS) check completed within the last three years? | | |
| Date DBS check was issued | | |
| Agency/Body which provided the DBS check | | |
| DBS check reference number | | |

**Third facility**

<table>
<thead>
<tr>
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<th>Telephone number</th>
<th>Mobile</th>
<th>What type of facility is it?</th>
<th>Which client groups are physiotherapists at the facility qualified to work with?</th>
</tr>
</thead>
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**Lead clinician**

<table>
<thead>
<tr>
<th>Title</th>
<th>Forename(s)</th>
<th>Surname</th>
<th>Telephone number</th>
<th>Email address</th>
<th>Date of Birth</th>
<th>Chartered Society of Physiotherapists (CSP) membership</th>
<th>Health &amp; Care Professions Council (HCPC) membership</th>
<th>Has the lead clinician had an enhanced Disclosure and Barring Services (DBS) check completed within the last three years?</th>
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**Fourth facility**

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<th>Mobile</th>
<th>What type of facility is it?</th>
<th>Which client groups are physiotherapists at the facility qualified to work with?</th>
</tr>
</thead>
</table>

**Lead clinician**

<p>| Title | Forename(s) | Surname | Telephone number | Email address | Date of Birth | Chartered Society of Physiotherapists (CSP) membership | Health &amp; Care Professions Council (HCPC) membership | Has the lead clinician had an enhanced Disclosure and Barring Services (DBS) check completed within the last three years? | Date DBS check was issued | Agency/Body which provided the DBS check | DBS check reference number |</p>
<table>
<thead>
<tr>
<th><strong>Telephone number</strong></th>
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<tbody>
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<td><strong>Email address</strong></td>
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<td><strong>Date of Birth</strong></td>
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<td>Chartered Society of Physiotherapists (CSP) membership</td>
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<td>Has the lead clinician had an enhanced Disclosure and Barring Services (DBS) check completed within the last three years?</td>
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**Fifth facility**

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<td>What type of facility is it?</td>
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**Lead clinician**

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<thead>
<tr>
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**Sixth facility**

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**Lead clinician**
<table>
<thead>
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**Seventh facility**

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**Lead clinician**

<table>
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<tbody>
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**Eighth facility**

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<td>What type of facility is it?</td>
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<tr>
<td>Lead clinician</td>
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<tr>
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<td>Address 2</td>
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<td>City / town</td>
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<tr>
<td>Telephone number</td>
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<tr>
<td>Mobile</td>
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<tr>
<td>What type of facility is it?</td>
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<tr>
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<table>
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<tr>
<th>Lead clinician</th>
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<tbody>
<tr>
<td>Title</td>
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<table>
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<td>Address 1</td>
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<td>Address 2</td>
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<tr>
<td>City / town</td>
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<tr>
<td>Section three: physiotherapy services</td>
<td></td>
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<tr>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>1) About musculoskeletal services</strong></td>
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</tr>
<tr>
<td>How many musculoskeletal physiotherapy sessions has your practice completed in the last 12 months?</td>
<td></td>
</tr>
<tr>
<td>Approximately, what percentage of these were referrals from a consultant?</td>
<td></td>
</tr>
<tr>
<td>AA360 - Initial musculoskeletal price £</td>
<td></td>
</tr>
<tr>
<td>AA361 - Follow on musculoskeletal price £</td>
<td></td>
</tr>
<tr>
<td><strong>About the lead MSK Physiotherapist</strong></td>
<td></td>
</tr>
<tr>
<td>Title</td>
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</tr>
<tr>
<td>Forename(s)</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Most recent postgraduate training supporting MSK services</td>
<td></td>
</tr>
<tr>
<td>Date of training</td>
<td></td>
</tr>
<tr>
<td>Place of training</td>
<td></td>
</tr>
<tr>
<td><strong>2) About vestibular rehabilitation services</strong></td>
<td></td>
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<tr>
<td>How many vestibular rehabilitation physiotherapy sessions have you completed in the last 12 months?</td>
<td></td>
</tr>
<tr>
<td>Approximately, what percentage of these were referrals from a consultant?</td>
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<tr>
<td>AA350 - Initial vestibular rehabilitation price £</td>
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<tr>
<td>AA351 - Follow on vestibular rehabilitation price £</td>
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<tr>
<td><strong>About the lead vestibular rehabilitation physiotherapist</strong></td>
<td></td>
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</table>
### 3) About female and male health services

<table>
<thead>
<tr>
<th>How many female/male health physiotherapy sessions have you completed in the last 12 months?</th>
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</thead>
<tbody>
<tr>
<td>Approximately, what percentage of these were referrals from a consultant?</td>
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</tr>
<tr>
<td>AA352 - Initial male or female health price £</td>
<td></td>
</tr>
<tr>
<td>AA353 - Follow on male or female health price £</td>
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</tbody>
</table>

#### About the lead female and male health physiotherapist

<table>
<thead>
<tr>
<th>Title</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Forename(s)</td>
<td></td>
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<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Most recent postgraduate training supporting female/male health services</td>
<td></td>
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<tr>
<td>Date of training</td>
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<td>Place of training</td>
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### 4) About neurology services

<table>
<thead>
<tr>
<th>How many neurology physiotherapy sessions have you completed in the last 12 months?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximately, what percentage of these were referrals from a consultant?</td>
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<tr>
<td>AA354 - Initial neurology price £</td>
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<tr>
<td>AA355 - Follow on neurology price £</td>
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</table>

#### About the lead neurology physiotherapist

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Forename(s)</td>
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<td>Surname</td>
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<tr>
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<tr>
<td>Date of training</td>
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<td>Place of training</td>
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### 5) About chest and respiratory services

<table>
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<tr>
<th>How many chest and respiratory physiotherapy sessions have you completed in the last 12 months?</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>AA356 - Initial chest/respiratory price £</td>
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<td>AA357 - Follow on chest/respiratory price £</td>
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#### About the lead respiratory physiotherapist

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<thead>
<tr>
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<td>Surname</td>
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<tr>
<td>Most recent postgraduate training supporting respiratory services</td>
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<td>Date of training</td>
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<td>Place of training</td>
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### 6) About hydrotherapy services

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<tr>
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<tbody>
<tr>
<td>Approximately, what percentage of these were referrals from a consultant?</td>
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</tr>
<tr>
<td>AA358 - Initial hydrotherapy price £</td>
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<td>AA359 - Follow on hydrotherapy price £</td>
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<tr>
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<tr>
<td>------------------------------------------------</td>
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<tr>
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<td><strong>Forename(s)</strong></td>
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<tr>
<td><strong>Surname</strong></td>
<td></td>
</tr>
<tr>
<td>Most recent postgraduate training supporting Hydrotherapy services</td>
<td></td>
</tr>
<tr>
<td><strong>Date of training</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Place of training</strong></td>
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7) About hand therapy services

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<thead>
<tr>
<th>How many hand therapy physiotherapy sessions have you completed in the last 12 months</th>
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</thead>
<tbody>
<tr>
<td>Approximately, what percentage of these were referrals from a consultant?</td>
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AA563 - Initial hand therapy price £
AA564 - Follow on hand therapy price £

<table>
<thead>
<tr>
<th><strong>About the lead hand physiotherapist</strong></th>
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</thead>
<tbody>
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<td><strong>Title</strong></td>
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<td><strong>Forename(s)</strong></td>
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<tr>
<td><strong>Surname</strong></td>
</tr>
<tr>
<td>Most recent postgraduate training supporting hand therapy services</td>
</tr>
<tr>
<td><strong>Date of training</strong></td>
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<tr>
<td><strong>Place of training</strong></td>
</tr>
<tr>
<td>Do they have full membership of the British Association of Hand Therapists (BAHT)?</td>
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</table>

8) About domiciliary services

<table>
<thead>
<tr>
<th>Approximately, what percentage of referrals are from a consultant?</th>
</tr>
</thead>
</table>

AA362 - Initial domiciliary price £
AA363 - Follow up domiciliary price £

9) Psychosocial aspects of pain management

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<th><strong>About the lead physiotherapist</strong></th>
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<tr>
<td><strong>Title</strong></td>
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<td><strong>Forename(s)</strong></td>
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<td><strong>Surname</strong></td>
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<tr>
<td>Most recent postgraduate training supporting these services</td>
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<td><strong>Date of training</strong></td>
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<td><strong>Place of training</strong></td>
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<tr>
<td>If, in the future, Bupa defines a network of physiotherapists with specific experience, training and expertise in treating patients with significant psycho-social aspects to their pain, would you like to be considered for inclusion?</td>
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Section four: professional details

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<tr>
<th>Does each physiotherapist have professional indemnity insurance up to the amount required by the professional regulatory or representative body?</th>
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<tr>
<th><strong>Additional Skills/specialties</strong></th>
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<td>Third skill / speciality</td>
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## Terms for Bupa Recognised Physiotherapy Provider

This document, together with the other documents referred to in it, contain the terms of your agreement with Bupa. The agreement (the “Contract”) is between you, the person named in your Application Form, and Bupa Insurance Services Limited (“we”, “our” and “us”). Please excuse the formality of some of the language, which is necessary to keep these terms as brief and clear as possible. As you work through the document, we have set out clearly what we are asking you to do and what we will do for you. Capitalised terms have the meaning given in the appendix below.

### 1. Basis of Recognition as a Bupa Recognised Physiotherapy Provider

Your relationship with Bupa is important to us and we agree to recognise you as a Bupa Recognised Physiotherapy Provider, on the basis of and to the extent set out in your Application Form and these terms. In return, you agree that any agreements you may have with a Member are subject to these terms.

You also agree to notify us immediately of: any change to the information you have provided or confirmed in your Application Form; any legal or threatened disciplinary action against you or any of the physiotherapists listed in your application in connection with your profession; any criminal convictions; or any dismissal from any employment or voluntary work. Thank you for your understanding on these points which are designed to ensure that we have our Members’ interests at the heart of our provider recognition.

### 2. Contract

This Contract is between the company or individual detailed in Section 1 of “the information provided by you” above (“You”) and Bupa Insurance Services Limited (“us/we/our”). You agree that this Contract constitutes the entire Contract between You and the Bupa Group in respect of Physiotherapy and replaces any terms previously agreed to the extent that they relate to Physiotherapy. This Contract includes these standard terms and the “information provided by You set out above.

### 3. Services and Charges

You agree to provide the Physiotherapy to Members in accordance with this Contract for the Term. You agree that: Physiotherapy shall only be provided at the named Facilities; that You shall only bill Us for Physiotherapy actually provided to Bupa Members; that bills shall only include services set out in the Charges; and that You shall not pass on charges from third parties. You acknowledge We shall not be liable to reimburse more to You for Physiotherapy provided to a Member than that Member is entitled to receive under their policy with Us.

Bupa may within the Term introduce new networks to support Bupa products and services. The terms for recognition within these networks will be governed by the network criteria at the time and this Contract does not guarantee recognition within any such networks. Bupa may also within the Term guide Members to Bupa Recognised Physiotherapy Providers based on an evaluation of performance data. In this event we will provide You with details of how any such data will be used for these purposes.

### 4. Pre-Authorising with us

You understand and agree that before treatment occurs You must ensure that: the patient is a Member; the Member has pre-authorised the treatment with us; and You have confirmed with the Member their level of coverage. If You fail to do so, then payment to You for that treatment may be at
risk. Any Physiotherapy performed without pre-authorisation will not normally be funded by Bupa.

You shall be entitled to reimbursement from Us for the Charges for which pre-authorisation has been obtained by the Member if:
(a) the Physiotherapy commences within 2 calendar months of the pre-authorisation;
(b) the pre-authorisation expressly applies to the Physiotherapy;
(c) the Member’s Policy is valid and in force at the time the Physiotherapy is provided;
(d) there are no amounts payable to Us under the Member’s Policy that are outstanding at the time the Physiotherapy is provided; and
(e) the Charges do not exceed the maximum aggregate amounts that maybe claimed by the Member under the Member’s policy,

and provided always that You shall not be entitled to reimbursement from Us for any Charges representing the excess payable by the Member under the Member’s Policy.

5. Invoicing process: You agree to submit all invoices for Physiotherapy to Us within 3 (three) months from the date that the Physiotherapy was delivered to the Member. Invoices submitted after such period may be rejected at Our sole discretion. You agree that You shall not charge or send invoices to a Member, either directly or indirectly, for any Physiotherapy which is covered by this Contract. Invoices must be submitted to us electronically. There are several systems available to use. Further information about these may be found at www.bupa.co.uk/practice-management-discounts+ or contact the Provider Management Team on 0845 600 5422*.

Invoices submitted by any other means may be subject to an administration fee. It is important that you submit invoice promptly as invoices submitted after 3 months from the date of treatment may be rejected. If this happens, you agree not to contact the Member for payment. Invoices must follow “Bupa’s guide to billing” found on http://www.bupa.co.uk/healthcare-professionals/private-practice/billingexplained*.

You agree to invoice us only for Eligible Treatment, carried out by You. Invoices for treatment of members belonging to Non-UK Schemes should be submitted directly to the relevant non-UK Bupa scheme operator.

*lines are open 9am - 5pm Monday to Friday
+ or such other address as may be notified to you from time to time.

The following information must be provided for each individual invoice:
(1) Your Bupa Provider number;
(2) the invoice date;
(3) the Member’s name, membership number and date of birth;
(4) the pre-authorisation number for the Course of Treatment;
(5) the dates of treatment received;
(6) the name of the treating Physiotherapist;
(7) the Sub-Speciality code for the treatment being received;
(8) the description of the condition being treated;
(9) who the patient was referred by; and
(10) the Charges for each Sub-Specialty code and the total of all Charges.

Invoices will be returned unpaid should the above information not be provided. You agree that the Charges shall also be applied for Physiotherapy provided to Members of Non-UK Schemes. You shall invoice the relevant member of the Bupa Group directly for the Charges in respect of Physiotherapy provided to Members of Non-UK Schemes.

You agree that in the event of Us not agreeing to pay an invoice in full, You will not request payment of the shortfall from the Member, unless:
- the Member clearly requests (and is made aware of the consequences of doing so) a level of service that is higher than that provided for by the Rules of their Scheme;
- the Member is a member of a Scheme that has an excess for which he or she is personally liable;
- the Member’s cover is not valid for the treatment given;
- the Member’s policy has lapsed and not been renewed, cover has not yet commenced; or the policy specifically excludes or limits reimbursement for the treatment given;
- the Member has exhausted the monetary limits as specified in their Scheme’s Rules and the Rules do not say that a full refund is provided by Us for such element of the treatment;
- the Member has ceased membership with Us after initial verification and before treatment.
6. Payment to You: We will pay invoices submitted in accordance with this Contract directly by BACS to the bank account you have nominated to us in Your Application for that purpose no later than 7 days following the invoice being cleared by us for payment. We may occasionally and in exceptional circumstances agree to pay you by cheque.

In exceptional circumstances You may need to contact us in relation to unpaid invoiced payments. We ask that You do not follow up invoices until 45 days from invoice date in order to allow time for claim processing to complete. In the meantime, the status of payments may be checked on Providers Online. Occasionally we may overpay an invoice in error. Where You are overpaid, we will be entitled to set off overpayments to You against other amounts payable to You.

We may also, on reasonable notice, conduct an audit of Your underlying billing or clinical data to confirm the appropriateness of decisions made, charges billed and/or paid, and/or compliance with these terms. You agree to assist us on reasonable request in these audit activities, including providing relevant financial records and medical notes (where patient consent permits).

Fees are inclusive of treatment and facility charges (including VAT) and represent full payment from us to You.

Medical review process: If You wish to deliver more than 5 Sessions to a Member, you agree that, prior to delivering any additional Sessions, You will contact our Therapies Management Team 08456 00 76 63 (Lines are open 9am to 5pm, Monday to Friday), provide them with your assessment of the Member’s condition together with a clear treatment plan (this may be provided either by You or the Member) a copy of the medical report template can be found at: http://www.bupa.co.uk/pol-latest-updates, and obtain confirmation from us of the number of additional Sessions we will fund. Where You then wish to deliver additional Sessions beyond those we have confirmed we will fund, You will repeat this medical review process. You will follow the process in Clause 4 above before charging any Members personally for additional Sessions.

7. Quality of Physiotherapy: You warrant that the information provided by You to Us in Your Application is, on the date that You sign this Contract, accurate and correct. You agree with Us that each Physiotherapist and Facility shall at all times during the Term comply with:
(a) the quality standards contained within Your Application; and
(b) the service standards contained within Your Application.

You agree that each physiotherapist shall be:
- a member of the Chartered Society of Physiotherapy (CSP);
- fully registered with the Health and Care Professions Council (HCPC);
- able to demonstrate Good Clinical Practice, advanced clinical skills in their chosen speciality and able to provide patient audit and outcome data for at least the previous 2 years that supports their status as a senior clinician in that speciality;
- able to provide on request a copy of their physiotherapy graduation certificate (or if a qualification was obtained outside the UK, then written confirmation from UKHPC confirming that the qualification is equivalent to a UK Physiotherapy Degree/Diploma);
- able to provide on request a copy of their enhanced Disclosure and Barring Service (DBS) check; and
- be an accredited member of the British Acupuncture Society (BMAS) or the Acupuncture Association of Chartered Physiotherapists (AACP) if they will be performing acupuncture on Members;

and that each practice shall:
- fulfil the Core, Service and Audit Standards of Physiotherapy Practice as specified by the Chartered Society of Physiotherapy;
- have a named Lead Clinician in place who has five years post qualification experience in full time practice, who is able to demonstrate advanced clinical skills in their chosen speciality and able to provide evidence for at least the previous two years that supports their status as a senior clinician in that speciality;
- provide and keep up to date, a list of all physiotherapists who work at the practice, including their HCPC number, CSP number, DBS registration number and date of birth and ensure that the lead clinician maintains such details by contacting the Physiotherapy team; and
• have a named senior clinician in each of the contracted sub specialty services who is able to
demonstrate advanced clinical skills in their chosen speciality and able to provide evidence for at least the
previous two years that supports their status as a senior clinician in that speciality
• be able to provide details of clinical measures of improvements and patient satisfaction
• have the option of providing therapeutic exercises via online/hard copy media
• ensure that an ‘out of hours’ answer phone service is provided for Members calling at a time when no
one is available to take appointment calls in person. You further agree that Members leaving a message on
this service will receive a call back within 24 hours Monday to Friday. If a message is left after close of
business on Friday we would expect the Member to receive a call back by lunchtime on the following
Monday.

You also agree that:
• You will provide on request up to date documented evidence of audit reviews and professional
development;
• patients will be: given printed information regarding their condition and treatment options; given the
opportunity to complete a customer satisfaction survey; seen on a one to one basis; and offered an
appointment for physiotherapy within 2 working days of a request;
• You will ensure that You comply with all relevant legislation relating to the confidentiality of information
held about Members. In particular, You will ensure that You comply with the Data Protection Act 1998.

If at any time a Physiotherapist or Facility ceases to comply with any of the quality standards above You
agree to inform Us as soon as possible.

8. Key Performance Indicators: You agree that following a complaint or on request (not more than twice a
year), You will provide Us with a summary of certain quality and service key performance indicators (KPIs)
relating specifically to Physiotherapy. This will be submitted to Us using an online format to be notified to
You and shall include the following information:
• the average wait time between referral and appointment for the last 6 months;
• the % of clinical notes audited in the last 6 months;
• the % of Members who have completed a satisfaction survey in the last 6 months;
• the Sessional Averages;
• the % of Consultant referrals over the past 6 months; and
• the % of Bupa members referred for onward referral to another clinical specialist.

We expect you to maintain your Sessional Average in line with other Bupa network facilities. Any deviation
above this range will require You to provide evidence that supports the need for this increased activity.
Where You have an agreement for MSK services you agree to maintain the Sessional Average per episode
of care for MSK over a 6 month period at or below 5.5 sessions. We acknowledge that a facility may from
time to time treat a higher proportion of exceptional cases and if Your Sessional Average for MSK exceeds
this sessional average you acknowledge that we will require you to provide evidence that satisfies us of the
reasons why Your Sessional Average exceeds 5.5 Sessions. You acknowledge that We will monitor Your
adherence to the Sessional Averages, for Your Facilities, and that failure to provide evidence that supports
a Sessional Average above 5.5 may result in Bupa terminating this Contract.

Bupa reserve the right to promote network facilities where Bupa data indicates the overall Average Episode
Cost of treatment at the facility offers the Member best value for the services they require.

9. Referrals: You agree to deliver the Services to Members in a suitable setting and to ensure that any
referrals or recommendations to other service providers are made to Bupa recognised providers and
facilities covered by the Member’s policy. Exception to this will need to be agreed with Bupa in advance. If in
your judgment no appropriate Bupa recognised provider is available, please contact the Provider Service
Centre on 08457 55 33 33 for advice on alternatives.

Where a provider who is not part of Bupa’s recognised networks is recommended to a Member (or a
Member is referred to such provider via their GP), you agree to ensure that the Member is aware that the
cost of the services may not be covered by Bupa. Please note that where non-recognised providers are
frequently recommended by you to Members (or Members are frequently referred to such providers via their
GPs), we will review this with you in order to understand the reason(s) and to take any appropriate action.

Where, in your judgement, out-patient Physiotherapy treatment will not be effective in treating the Member’s
symptoms, and you believe that other treatment may be required, then Members shall be referred back to Bupa for an open referral and onward referral to a Bupa Recognised consultants (where clinically appropriate).

10. Insurance: You agree to arrange and maintain at Your own expense during the Term for a period of six years following termination of this Contract the following insurances with reputable insurers (“Insurances”):
(a) employers’ liability insurance cover (where applicable) for a minimum of £5,000,000 per claim;
(b) medical malpractice insurance cover for a minimum of £5,000,000 any one claim and £5,000,000 in total for any 12 month period of insurance, or, if Your annual turnover or sales (by audited accounts) exceeds £500,000, then this requirement is increased to £10,000,000 any one claim and £10,000,000 in total for any 12 month period of insurance; and
(c) public liability (including product liability) insurance cover fora minimum of £5,000,000 for each occurrence.

You agree to not take any action, or omit to take any reasonable action, or (insofar as it is reasonably within Your control) permit anything to occur in relation to the Insurances which would entitle the relevant insurer to refuse to pay any claim under the Insurances.

11. Termination;

This section of the document addresses scenarios which are infrequent and which we hope will not be applicable to our relationship with You.

We shall be entitled immediately to either remove Your status of Bupa Recognised Physiotherapy Provider, or remove an individual Facility or request the removal of an individual Physiotherapist, as appropriate, from inclusion in this Contract:
- if a material part of the Physiotherapy offered is removed or closes; or
- if a Facility fails to receive referrals to treat any Members over a 12 month period;
- if a Facility ceases to hold or obtain any required licences, approvals, authorisations or consents which result in the Facility being unable to provide a substantial proportion of the Physiotherapy; or
- in the event that a Facility fails to remedy within any reasonable period specified by Us any material non-compliance with the quality standards in paragraph 7 above or fails to provide the information required or is in breach of any other term of this Contract; or
- a Facility fails to meet any of the KPI data specified in paragraph 8 (to be measured as an average across any three consecutive months); or
- if a Facility fails to comply with the medical review process set out in clause 6; or
- if a Facility does not meet the Sessional Average measured across any six month period (as demonstrated by other network facilities offering the same services for which in the reasonable opinion of Bupa sufficient data is available. Please note the current Sessional Average for these services at the time of this Contract is 5 Sessions); or
- You do anything which will cause damage to the reputation of Us; or
- You bill Us other than in accordance with this Contract; or
- if any of the information provided by You to Us in Your Application changes, and such change is, in Our reasonable opinion, material; or
- on the serving of 6 months written notice by Us to You at any time during the Term; or
- upon Your entering into any Contract under which You may provide Physiotherapy to Us via a third party; or
- upon a Change of Control.

This Contract shall also terminate if either of us: suffer the appointment of a receiver, administrator or liquidator; enter into a voluntary arrangement with our creditors; or otherwise become insolvent or fail to meet our liabilities as they fall due.

If this Contract is terminated then You shall complete the provision to a Member of any Physiotherapy already commenced at the date of termination which forms part of an ongoing Course of Treatment and We shall be liable to pay for such Physiotherapy.

In all such cases termination shall be without prejudice to the obligation to pay any net amounts accrued payable by one of us to the other, which shall remain due on the dates provided in this Contract.
For the avoidance of doubt if any of the Facilities are sold to a third party, or any company owning a Facility is sold to a third party, this shall not entitle You to remove any such Facilities from this Contract.

12. Confidentiality: We both agree that neither of us will at any time after the commencement of this Contract, divulge or communicate to any person, except to our professional representatives or advisers or as may be required by law or any regulatory authority, any confidential information concerning the business or affairs of the other or, in our case, of any member of the Bupa Group which may have, or may in future, come to its knowledge and each shall use its reasonable endeavours to prevent the publication or disclosure of any such confidential information. For the avoidance of doubt confidential information shall include personal details of Members, but shall not include the information You have previously indicated in Section 7 of Your Application that You are willing for Us to share. You agree that You will not seek to entice Members to change to alternative health insurance providers.

We reserve the right to use, in our normal business operation, information collected and stored on our claims-processing database. Such use will be in accordance with the Data Protection Act 1998. You will ensure that You comply with all relevant legislation relating to the confidentiality of information held about Members. In particular, You will ensure that You comply with the Data Protection Act 1998.

13. Status of this Contract: You understand that You may not assign or transfer this Contract or any rights under it, nor sub-contract any or all of its obligations under this Contract, without having obtained Our prior written consent. This Contract shall be governed by the laws of the United Kingdom. The Contracts (Rights of Third Parties) Act 1999 shall not apply to this Contract.

Appendix - Defined Terms used in this Agreement

Application means the response provided by You using the online submission form for consideration by Bupa Insurance as a Bupa Recognised Physiotherapy Provider.

Bupa Recognised Physiotherapy Provider means a Physiotherapist or Facility as relevant.

Bupa Group: means Bupa Insurance Services Limited, its subsidiaries and subsidiary undertakings, any holding company of Bupa Insurance Services Limited and all other subsidiaries and subsidiary undertakings of any such holding company from time to time.

Change of Control: means a person acquiring directly or indirectly Control of You or any of Your holding companies, a sale of a Facility, the sale of all or any of Your hospitals, the grant of any option, management rights or other rights to effect any of the foregoing, or upon any other transaction that has or series of transactions that have substantially the same effect as any of the foregoing, in each case, excluding intra-group transactions.

Charges: means the prices for Physiotherapy set out in section 3 of the Information Provided by You. Such prices are fully inclusive of all charges and no other charges or fees will apply for the Physiotherapy.

Consultant: means a medical doctor who holds or has held the position of consultant within the NHS.

Control: means in relation to a body corporate, the ability of a person to ensure that the activities and business of that body corporate are conducted in accordance with the wishes of that person and a person shall be deemed to have Control of a body corporate if that person possesses or is entitled to acquire the majority of the issued share capital or the voting rights in that body corporate or the right to receive the majority of the income of that body corporate on any distribution by it of all of its income or the majority of its assets on a winding up.

Course of Treatment: means the initial session of treatment following referral from the GP or Consultant to either: successful completion of treatment and discharge letter to referring clinician; or referral back to the Consultant or GP for further investigation.

Eligible Treatment: means treatment for which the Relevant Member is entitled to be reimbursed under the
Rules.

**Facility**: means the Bupa Recognised Physiotherapy Provider facility(ies) or location(s) set out on Page 1 of this Contract.

**Good Clinical Practice**: means delivering physiotherapy services in line with published evidence-based guidelines, standards, practices, methods and procedures conforming to the law and exercising that degree of skill care, diligence, prudence and foresight which would reasonably and ordinarily be expected from a skilled, efficient and experienced Physiotherapy Provider.

**Member**: means (a) an individual who is covered under a valid private medical insurance (“PMI”) policy underwritten by Bupa Insurance Limited or another member of the Bupa Group; (b) a beneficiary under a health trust administered by a member of the Bupa Group; (c) a beneficiary under a self insured corporate PMI scheme administered by a member of the Bupa Group; or (d) an individual who benefits under a rehabilitation arrangement with Us.

**Non-UK Schemes**: means health insurance provided by members of the Bupa Group incorporated outside of the United Kingdom and health insurance sold by us through our international division and “Non-UK Scheme” shall be construed accordingly.

**Physiotherapist**: means a physiotherapist providing Physiotherapy and meeting the criteria set out in Section 7 of this Contract.

**Physiotherapy**: means the physiotherapy services and all Sub-Specialties set out on the front page of this Contract and shall include all physiotherapy services provided to Members attending a Facility from the first point of contact with You to arrange an appointment to the point when treatment ends.

**Rules**: means the rules and benefits applying to the Scheme or administered health trust of which a Member is a member or beneficiary and which set out the circumstances in which We will pay for Eligible Treatment.

**Schemes**: means (a) health insurance contracts which are underwritten by Bupa Insurance Limited or another member of the Bupa Group (including, for the avoidance of doubt, the Non-UK Schemes); and (b) Bupa Health Trust Arrangements, (c) schemes which are not health insurance provided by Bupa or trusts the primary purpose of which are to provide for the payment of the cost of Treatment received by beneficiaries of the schemes and which are administered by a member of the Bupa Group; and (d) rehabilitation or other treatment arrangements with Bupa, in each case, from time to time, and “Scheme” means any one of such schemes or health trusts.

**Session**: means a period of treatment delivered within a 24 hour time frame, including an ‘Initial’ Session and a ‘Follow Up’ Session. The length of the treatment is at the discretion of the Physiotherapist.

**Sessional Average**: means the average number of sessions delivered during a Course of Treatment, for each Sub-Specialty, as detailed in Your Application.

**Sessional Average Rate**: means the average price of sessions delivered during a Course of Treatment for each Sub-Specialty, as detailed in Your Application.

**Average Episode Cost**: means the average cost of an episode of care taking into consideration the cost of the Session and the Sessional Average.

**Sub-Specialty**: means the specific type of physiotherapy treatment and for which there is a procedure code, for example musculoskeletal physiotherapy or hydrotherapy.

**Term**: means the period up to 17 May 2017