

Funding request form: Blepharoplasty and ptosis repair



Please complete this form to check whether your Bupa patient's healthcare policy or scheme covers blepharoplasty or ptosis repair.

Blepharoplasty or ptosis repair may be covered if the patient's eyelid tissue is impairing their vision and is in line with best practice in the medical profession in the UK.

Completing the form

- Please fill out all sections of this form.
- Then email the completed form to us at: skinteam@bupa.com at least four working days before the treatment is due to take place.

If you need to send us sensitive information you can email us securely using Egress[^].

We'll let your Bupa patient know by email or call within three working days of receiving the completed form if the treatment is covered. You can check if the patient's treatment has been preauthorised quickly and easily using [Providers Online](#)

If you've any questions, please use the email addresses above and we'll be happy to help.

1. Patient's information

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

Patient's name:

Date of birth:

Patient's phone number:

Bupa membership or registration number:

2. Clinician's information

Consultant's name:

Bupa provider number:

Phone number:

Hospital name:

[^]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.

3. Diagnosis

Which eyelid(s) require treatment (please tick all that apply)?

Left upper eyelid

Blepharoplasty

Ptosis correction

Right upper eyelid

Blepharoplasty

Ptosis correction

Left lower eyelid

Blepharoplasty

Ptosis correction

Right lower eyelid

Blepharoplasty

Ptosis correction

These are the procedure codes for blepharoplasty and ptosis:

C1320 - Blepharoplasty - one eyelid

C1340 - Blepharoplasty - two eyelids

C1341 - Blepharoplasty - three or four eyelids

C1810 - Correction of ptosis of eyelid - simple (including tarsomullerectomy)

C1812 - Correction of ptosis of eyelid - complex

C1813 - Correction of ptosis of eyelid with autologous fascia lata

Please confirm which procedure(s) you'll be carrying out:

Is the eyelid tissue impairing the patient's vision?

Yes

No

Please give details of the patient's visual field test results and provide a copy of the results and clinical photographs along with this form.

Please use this space to share any other information that may be relevant.

4. 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 to do so before I submitted this form.

Consultant's name

Date

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General Medical Council number

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