

Funding request form: Breast reduction



Please complete this form to check whether your Bupa patient's healthcare scheme covers breast reduction for pain or recurrent infection.

Breast reduction may be covered if it's curing an acute condition, such as back pain, and is in line with best practice 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 test 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:

3. About the patient's condition

What is the patient's current BMI?

How long has the patient's BMI been at its current level (in months)?

3. About the patient's condition

Is the excess breast tissue causing the patient musculoskeletal (MSK) problems and pain?

Yes No

If yes, please provide details of MSK problems and pain, and any treatment tried so far.

Has the excess breast tissue caused recurrent infections?

Yes No

If yes, please give details of the recurrent infections.

4. About the proposed treatment

How much tissue is likely to be removed from each side?

Please give details about the planned procedure, why it's necessary for the patient and the expected outcome.

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 to do so before I submitted this form.

Consultant's name

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

General Medical Council number

Bupa health insurance is provided by Bupa Insurance Limited. Registered in England and Wales with registration number 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Arranged and administered by Bupa Insurance Services Limited, which is authorised and regulated by the Financial Conduct Authority. Registered in England and Wales with registration number 3829851. Registered office: 1 Angel Court, London EC2R 7HJ.

Bupa health trusts are administered by Bupa Insurance Services Limited. Registered in England and Wales with registration number 3829851. Registered office: 1 Angel Court, London, EC2R 7HJ.