

Funding request form: Gynaecomastia



Please complete this form to check whether your Bupa patient's healthcare scheme covers gynaecomastia surgery.

Gynaecomastia surgery may 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)?

What grade is the patient's gynaecomastia?

3. About the patient's condition

Is the gynaecomastia idiopathic?

Yes No

If the cause of the patient's gynaecomastia is known, please give details.

What non-surgical treatments have been tried (if none, please explain why)?

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

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General Medical Council number

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