Your moratorium pre-treatment form

Please complete this form before you have any consultations, tests or treatment, or make a claim, to check they're covered by your policy or trust scheme. This is important because your policy or trust scheme doesn't cover some medical conditions that you had before it started. You can find more information about this in your guide.

Please complete this form on a computer or use a paper copy and write in capital letters and black ink.

- Sections A, B, C, D and E should be completed by you.
- Section F should be completed by the healthcare professional who holds your medical records, for example, your GP, optician or dentist.
  They need to send your completed form and your referral letter to us. Without these, it may take us longer than normal to review your claim. If you're newly registered with your healthcare professional, they may not have all your relevant records, which may cause a delay if we need to ask for more information.
- Please complete a separate pre-treatment form for each medical condition or symptom you need treatment for.
- Return your completed form and referral letter to us:
  - By email: **medicalteam@bupa.com**
  - By post: **Bupa, Medical Assessment, Bupa Place, 102 The Quays, Salford M50 3SP**

If you need to send us sensitive information you can email us securely using Egress.
For more information and to sign up for a free Egress account, go to **switch.egress.com**. You will not be charged for sending secure emails to a Bupa email address using the Egress service.

If you have any questions,

- about mental health, please call us on **0345 600 5446*** between 8am and 8pm Monday to Friday and 8am and 4pm on Saturdays and we'll be happy to help
- about any other conditions, please call us on **0345 600 8630*** between 8am and 5pm Monday to Friday and we'll be happy to help.

Hearing or speech difficulties?

Please use the Relay UK service on your smartphone or textphone. Visit **www.relayuk.bt.com** for more information.

Sight difficulties?

We offer documents in Braille, large print or audio. Please let us know if you'd like us to send you any.

Need to know

You may have to pay for any private consultations, treatment or tests if you go ahead with them before we've contacted you to let you know that they're covered by your policy or trust scheme. If you have any questions about your cover, please call your helpline number which can be found on your membership or registration certificate.

Your healthcare professional may charge for completing the medical section of this form. As this isn't covered by your policy or trust scheme, you'll need to pay for this yourself.

*We may record or monitor phone calls.

A. Your personal details

Please tell us about yourself here.
To see how we use your information, please read our privacy notice on page 10.

Title *(please tick or list title if other)* Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

First name(s) Surname

Address

Postcode

Home telephone number

Mobile telephone number

Email address

Date of birth D D M M Y Y Y Y

Your Bupa membership or registration number ☐☐☐☐☐☐☐☐☐☐

B. Other third party involvement

Is the treatment needed as the result of an accident or clinical negligence? Yes ☐ No ☐

Do you have any other insurance that covers medical expenses? Yes ☐ No ☐
(for example, other health insurance, travel insurance, motor insurance or credit card cover)

If you've answered 'YES' to either of the above questions, please complete the rest of section B. If not, please go to section C.

1. Treatment resulting from an accident or clinical negligence

If you've been in an accident or suffered clinical negligence and are taking legal action against someone, we'll contact your solicitor to make sure that any payments we make for your treatment are included in your claim.

Date of accident or clinical negligence incident D D M M Y Y Y Y

Are you taking legal action? Yes ☑ No ☐

Name of your solicitor's firm and reference or individual acting for you

Name

Address

Postcode

2. Other insurance

If you have any other insurance that covers medical expenses, please give the name(s) of the insurer(s), in case we need to contact them.

Insurer Policy number

C. About your condition

Please give details of your condition, any symptoms you've experienced and your reasons for seeking medical advice.

Please be as precise as possible when including dates below.

When did you first notice the symptoms (not just this occasion)? Date D D M M Y Y Y Y

When did you first consult a doctor about this condition? Date D D M M Y Y Y Y

Please give dates of each time you had symptoms or received treatment (including medication, prescribed by your GP or over the counter) for this condition.

Symptoms or treatment

Date D D M M Y Y Y Y

Date D D M M Y Y Y Y

Please give dates of each time you had symptoms or received treatment (including medication, prescribed by your GP or over the counter) for this condition.

Symptoms or treatment

Date D D M M Y Y Y Y

Date D D M M Y Y Y Y

Date D D M M Y Y Y Y

Date D D M M Y Y Y Y

Date D D M M Y Y Y Y

Date D D M M Y Y Y Y

D. Your healthcare professional's details

Name

Address

Postcode

Telephone number

Email address

E. Medical reports – when we need more information from your doctor

I confirm that I am the patient, member or beneficiary	Yes ☐	No ☐
Is the patient, member or beneficiary under 16 years of age?	Yes ☐	No ☐
If yes, I confirm that I am the parent or legal guardian	Yes ☐	No ☐

We may need to ask your doctor for information about your consultation, tests, or treatment to see if your policy covers these. We'll need your permission to do this, and you have certain rights when it comes to your personal and medical information:

- you can give your doctor permission to send us a medical report without you seeing it first or ask to see it before they send it to us
- you can ask your doctor to show you the medical report before they send it to us so long as you do this within 21 days from the date we ask them for it
- if you don't contact your doctor within 21 days, we'll ask them to send the report straight to us
- you can ask your doctor to change the report if you think it's inaccurate or misleading - if they refuse, you can add your own comments to it before they send it to us
- once you've seen the report, your doctor can't send it to us unless you give them permission to do so
- you can ask your doctor not to send us the medical report - if this happens, we may be unable to tell you whether your consultation, test or treatment is covered, and we may be unable to pay your claim
- you can ask your doctor to let you see a copy of your medical report within 6 months of it being sent to us
- your doctor can withhold some or all the information in the report if they believe the information:
  - might cause you or someone else physical or mental harm, or
  - would reveal someone else's identity without their permission (unless the person is a healthcare professional, and the information they provide is about your care)
- your doctor may charge you for a medical report - we'll let you know if we'll cover some of this cost - if not, you'll need to pay for it yourself.

There's more detail about your rights in **The Access to Medical Reports Act 1988** and **The Access to Personal Files and Medical Reports (NI) Order 1991**.

Signature of patient (or parent or guardian if aged under 16)

Date D D M M Y Y Y Y

F. Medical details – to be completed by the healthcare professional

You must complete this section and attach the patient's referral letter(s) to make sure we can process their claim as quickly as possible. Please note, the scheme doesn't cover any fees you may charge for completing this form.

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

Details of the patient's condition or symptoms and outline of the treatment plan if known at this stage.

When were the very first signs and symptoms of this condition (not just this occasion)? Date D D M M Y Y Y Y

When did the patient first consult you or any other doctor or healthcare professional about this symptom/condition? Date D D M M Y Y Y Y

Has the patient suffered from any **related** conditions or symptoms? Yes ☐ No ☐

Please provide all medical history **relating** to the condition for which the patient is claiming, and any **related** conditions, symptoms or treatment received in chronological order. If the patient has suffered any similar symptoms or conditions, please explain if and how this condition is related/unrelated to the above symptom/condition.

Symptoms/treatment	**Date**
	D D M M Y Y Y Y
	D D M M Y Y Y Y
	D D M M Y Y Y Y

Please provide all medical history **relating** to the condition for which the patient is claiming, and any **related** conditions, symptoms or treatment received in chronological order. If the patient has suffered any similar symptoms or conditions, please explain if and how this condition is related/unrelated to the above symptom/condition.

Symptoms/treatment	Date
	D D M M Y Y Y Y
	D D M M Y Y Y Y
	D D M M Y Y Y Y
	D D M M Y Y Y Y
	D D M M Y Y Y Y
	D D M M Y Y Y Y
	D D M M Y Y Y Y

I confirm that the information in this form is accurate and complete as at the date of signature, to the best of my knowledge and belief.

Healthcare professional's name	Healthcare professional's signature
Healthcare professional's email address	
Date D D M M Y Y Y Y	

You can return this completed form and referral letter by:

- Email: **medicalteam@bupa.com**
- Post: **Bupa, Medical Assessment, Bupa Place, 102 The Quays, Salford M50 3SP**

Privacy notice – in brief

Here's a short guide to how we (Bupa) collect, use and protect your personal information. For more detail, including your rights and how to use them, please read our full Privacy Notice at **bupa.co.uk/privacy.** Depending on the products and services you use, one or more Bupa companies will be responsible for handling your information. You can find out more in the section Who processes your information in our full Privacy Notice.

What information we collect

We collect:

- standard personal information such as name, address, date of birth;
- special category data, such as health and biometric information; and
- criminal conviction and offences information, which we may process as part of anti-fraud activity.

How we collect, use and share your information

We collect information directly from you when you contact us via application forms, through our apps, websites, telephone and post. We may also collect information about you from third parties.

We process your personal information for the purposes set out in our full Privacy Notice, including to provide you with the products or services you have requested and to manage our relationship with you. We also use it to keep our services safe, for example, to prevent fraud.

We share your information within Bupa, and with your group (if you have health insurance through a group policy), brokers, healthcare professionals and regulators, when we need to.

Sometimes we may send your information outside the UK or EEA (European Economic Area). When we transfer your data to another country, we take steps to ensure appropriate protections are in place.

How long we keep information

We retain your personal information in accordance with retention periods calculated using criteria in our full Privacy Notice.

Marketing preferences

We may contact you about Bupa products and services. You can ask us to stop at any time by emailing **optmeout@bupa.com.**

Your rights

You can ask to see the information we hold about you. You can ask us to correct it, delete it, limit how we use it or transfer it to someone else. You can also object to certain uses of your information, including some automated decisions.

Contact us

If you have any questions about how we handle your information or wish to use any of your rights, please contact us by email at **dataprotection@bupa.com** or by post at **Bupa Data Protection, 1 Angel Court, London EC2R 7HJ.**

Notes

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

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