

# 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 account, go to **switch.egress.com**. You won't have to pay for sending secure emails to a Bupa email address using Egress. If you have any questions,

- about mental health, please call us on **0345 600 5546\*** 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 our 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  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
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Your Bupa membership or registration number

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## 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
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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

When did you first consult a doctor about this condition?

Date

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

Date

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

Date

Date

Date

Date

Date

## D. Your healthcare professional's details

Name

Address

Postcode

Telephone number

Email address

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

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I confirm that I am the patient, member or beneficiary

Yes  No

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Is the patient, member or beneficiary under 16 years of age?

Yes  No

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If yes, I confirm that I am the parent or legal guardian

Yes  No

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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**.

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

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Date

D	D	M	M	Y	Y	Y	Y
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## 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

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

Date

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**

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**



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
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## You can return this completed form and referral letter by:

- Email: [medicalteam@bupa.com](mailto:medicalteam@bupa.com)

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](https://switch.egress.com). You won't have to pay for sending secure emails to a Bupa email address using Egress.

- Post: **Bupa, Medical Assessment, Bupa Place, 102 The Quays, Salford M50 3SP**

# Privacy notice – in brief

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We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at [bupa.co.uk/privacy](https://bupa.co.uk/privacy). If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at [dataprotection@bupa.com](mailto:dataprotection@bupa.com)

## Information about us

In this privacy notice, references to 'we', 'us' or 'our' are to Bupa. Bupa is registered with the Information Commissioner's Office, registration number Z6831692. Bupa is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit [bupa.co.uk/legal-notice](https://bupa.co.uk/legal-notice)

### 1. Scope of our privacy notice

This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your'), in any way (for example, email, website, phone, app and so on).

### 2. How we collect personal information

We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers, health-care providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

### 3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

### 4. Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

### 5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have either your permission or a legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at [optmeout@bupa.com](mailto:optmeout@bupa.com) or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, Middlesex TW18 3DZ**

### 6. Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

### 7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, health-care providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

### 8. International transfers

We work with companies that we partner with, or that provide services to us (such as health-care providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data-protection laws.

### 9. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

### 10. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

### 11. Data-protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at [dataprotection@bupa.com](mailto:dataprotection@bupa.com). You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Phone: 0303 123 1113 (local rate).

## 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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