

Healthcare practitioner's questionnaire



Before you begin

We need you to complete this form so we can confirm if your treatment is covered by your policy or trust scheme. You're not covered for conditions you had before your cover started (pre-existing conditions). Please check your documentation for more information about this.

Please read the following carefully before completing the form

- Please complete sections 1 to 5, and sign section 5.
- Ask the healthcare practitioner who's treating you to complete sections 6 and 7 and return this form to us together with your **referral letter**. Without this, your claim may take longer than normal. Please bear in mind that if you're newly registered with your healthcare practitioner, they may not have all the relevant records, which may cause a delay if we need to ask for more information.
- Your healthcare practitioner may charge you for completing this form. Bupa will contribute up to £50 (inclusive of VAT) towards the cost, as long as your condition or symptoms started after you took out your Bupa cover.
- **Need to know:** You'll need to pay for any costs that aren't covered by your Bupa policy or trust scheme if you go ahead with any consultations, tests or treatment before we've confirmed if you're covered for them.
- Your cover is subject to the rules and benefits of the scheme that apply to you at the time you receive your treatment.

We're here to help

Please contact us if you have any questions about completing this form.

- If it's about mental health, please call the Bupa Mental Health Team on **0345 600 5446**. We're here to help between 8am and 8pm, Monday to Friday and 8am and 4pm on Saturdays. We may record or monitor phone calls.
- For any other conditions, please call the Bupa Medical Assessment Team on **0345 600 8630**. We're here to help between 8am and 5pm, Monday to Friday. We may record or monitor phone calls.

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.

Where to send your completed form:

- By email: 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 <https://switch.egress.com>. You will not be charged for sending secure emails to a Bupa email address using the Egress service.
- By post: **Bupa, Medical Assessment, Bupa Place, 102 The Quays, Salford M50 3SP**

1. 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

Date of birth

D	D	M	M	Y	Y	Y	Y
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Daytime telephone number

Evening telephone number

Mobile telephone number

Email address

Your Bupa membership or registration number

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2. Other third party involvement

Is the treatment required as the result of an accident or clinical negligence?

Yes No

Do you have any other insurance that covers medical expenses?

(e.g. other private medical insurance, travel insurance, motor insurance, credit card cover)

Yes No

If you answer 'YES' to either of the above questions please complete the rest of section 2. If not, go to section 3.

A. 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 another person, we will contact your solicitor to make sure that any claims payments we make are included in your claim.

Date of accident/clinical negligence incident

D	D	M	M	Y	Y	Y	Y
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Is legal action being taken?

Yes No

Solicitor's firm and reference or individual acting for you

Name

Address

Postcode

B. Other insurance

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

Insurer

Policy number

3. 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 stating dates.

When did you first notice the symptoms (not just this episode)?

Date

When was a doctor first consulted about this condition?

Date

Please give dates of all episodes when you experienced symptoms or received treatment (including medication, prescribed by your healthcare practitioner or over the counter) for this condition.

Symptoms/treatment

Date

Date

Please give dates of all episodes when you experienced symptoms or received treatment (including medication, prescribed by your healthcare practitioner or over the counter) for this condition.

Symptoms/treatment

Date

Date

Date

Date

Date

Date

4. Your healthcare practitioner's details

Name

Address

Postcode

Telephone number

Email address

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

I confirm that I am the patient/member/beneficiary

Yes No

Is the patient/member/beneficiary under 16 years of age?

Yes No

If yes, I confirm that I am the parent/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/guardian if aged under 16)

Date

We'll verify your digital signature if you sign your form using an Adobe Digital ID or Adobe Sign (or similar). If you change your form after digitally signing it or send us a printed or scanned copy, then we'll be unable to do this. We'll call or write to you to confirm this is your signature instead. We'll be unable to tell you what you're covered for until we've verified your signature, and it might take us longer to pay any claims.

6. Medical details – to be completed by the healthcare practitioner

Your healthcare practitioner must complete this section and attach your referral letter(s) to make sure we can process your claim as quickly as possible. Please note that if your healthcare practitioner charges for completing this form, Bupa will contribute up to £50 (inclusive of VAT) towards the cost, provided the conditions/symptoms were not present prior to your Bupa start date.

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

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

When were the very first signs and symptoms of this condition (not just this episode)?

Date

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

Date

Time of appointment

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 date 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 date 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
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D	D	M	M	Y	Y	Y	Y
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7. Fee – to be completed by the healthcare practitioner

Bupa will contribute up to £50 (inclusive of VAT) towards the cost of this medical report, provided the conditions/symptoms were not present prior to the patient's Bupa start date. We're unable to make payment before we've received the completed report.

Patient has paid the fee – please send payment to the patient

Patient has **not** paid the fee – please send payment to the Healthcare Practitioner

For payment to healthcare practitioner, please provide BACS details.

Sort code - - Account number

Bank account holder

Bank branch address

Postcode

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 practitioner's name

Healthcare practitioner's signature

Healthcare practitioner's email address

Healthcare practitioner's address for remittance slip:

Address

Postcode

Date

Return details for completed form and referral letter:

- By email: 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 <https://switch.egress.com>. You will not be charged for sending secure emails to a Bupa email address using the Egress service.

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

Privacy notice – in brief

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. 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

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

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 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. 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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