

# Healthcare practitioner's questionnaire



## Before you begin

Your cover excludes cover for certain pre-existing conditions. See your documentation for full details. This form is required before you make a claim to determine eligibility.

### Please read the following carefully before completing the form

- To allow us to confirm if the treatment you require is eligible under your Bupa policy or your trust scheme, please complete sections 1 to 5 **including** your signature on page 6.
- Ask your healthcare practitioner (that holds your medical records with regards to your claim) 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.
- The healthcare practitioner who completes sections 6 and 7 of this form may charge you for doing this. 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 be aware that you will need to pay for any costs that are not covered under your Bupa policy or your trust scheme if you go ahead with private consultations, treatment or tests before we have confirmed whether you're covered.
- 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

If you have any queries when completing this form,

- for Mental Health, please call the Bupa Mental Health Team on **0345 600 5446\***. Lines are open Monday to Friday 8am to 8pm and between 8am to 4pm on Saturdays,
- for any other conditions, please call the Bupa Medical Assessment Team on **0345 600 8630\***. Lines are open Monday to Friday 8am to 5pm.

For those with hearing or speech difficulties you can use the Relay UK service on your smartphone or textphone. For further information visit [www.relayuk.bt.com](http://www.relayuk.bt.com). We also offer documents in Braille, large print or audio.

## Where to send your completed form:

- 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 <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**

\*We may record or monitor our calls.

# 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  Other

First name(s) Surname

Address

Postcode

Date of birth

Daytime telephone number

Evening telephone number

Mobile telephone number

Email address

Your Bupa membership/registration number

## 2. Other insurer 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?  
(eg 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

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

When we need to ask your doctor for more information, in writing about your consultation, tests or treatment, we'll need your permission. The **Access to Medical Reports Act 1988** or the **Access to Personal Files and Medical Reports (NI) Order 1991** give you certain rights, which are:

1. You can give permission for your doctor to send us a medical report without asking to see it before they send it to us.
2. You can give permission for your doctor to send us a medical report and ask to see it before they send it to us.
  - You'll have 21 days from the date we ask your doctor for your medical report to contact them and arrange to see 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 insist on adding your own comments to the report before they send it to us.
  - Once you've seen the report, it won't be sent to us unless you give your doctor permission to do so.
3. You can withhold your permission for your doctor to send us a medical report. If you do, we'll be unable to see whether the consultation, test or treatment is covered by your policy, and we won't be able to give you a pre-authorisation number or confirm whether we can contribute to the costs.

In any event you also have the right to ask your doctor to let you see a copy of your medical report within six months of it being sent to us.

Your doctor can withhold some or all the information in the report if, in their view, the information:

- might cause physical or mental harm to you or someone else or
- would reveal someone else's identity without their permission (unless the person is a healthcare professional and the information is about your care provided by that person).

I understand that 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 my Bupa start date. I agree that I will be liable for any amount above this.

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

Date

D	D	M	M	Y	Y	Y	Y
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**We'll verify your digital signature if your form is signed using an Adobe Digital ID or Adobe Sign (or equivalent). If you modify your form after digitally signing it, or send us a printed or a scanned copy of the form, then we won't be able to verify your digital signature at this point and will need to contact you either by phone or in writing to confirm this is your signature. Until we have verified or confirmed your signature, we won't be able to advise exactly what your scheme covers you for, meaning your claims might take longer for us to process and we might not be able to pay for treatment you need.**

## 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 chronological order. If the patient has suffered any similar symptoms or conditions, please provide your rationale as to 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 provide your rationale as to if and how this condition is related/unrelated to the above symptom/condition.

**Symptoms/treatment**

**Date**



## 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 member's Bupa start date. Please note that eligible payments cannot be made prior to receipt of the 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 choose payment type and provide details.**

BACS

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 cheque/remittance slip:

Address

Postcode

Date

### Return details for 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 <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

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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 No. 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 No. 3829851.

Registered office: 1 Angel Court, London EC2R 7HJ

Bupa health trusts are administered by:

Bupa Insurance Services Limited. Registered in England and Wales No. 3829851.

Registered office: 1 Angel Court, London EC2R 7HJ

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