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| **Application for funding: Balloon kyphoplasty (single and multiple level)** |

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| **Instructions for completion of form**  Please complete all sections of this form. We would appreciate it if the information you provide is typed and not handwritten. Without the information requested, assessment and authorisation for funding may be delayed.  Bupa only funds treatment that is covered under the member’s policy and that is in line with published evidence-based guidelines and we use these to assess eligibility for funding. You will receive a response about eligibility for Bupa funding within 48 hours.  If you have any questions please contact the Bupa Back Care Team by phone: 0845 600 8277†.  †Lines are open 8am to 8pm, Monday to Friday and 8am to 1pm Saturday. Calls may be recorded and may be monitored. | |
| **Please return the completed form to the Bupa Back Care Team by fax: 0161 254 5808** | |
| Please do not use email to send patient-identifiable data as it is not necessarily a secure method of communication. | |
|  | | Member’s name: |
|  | | Member’s date of birth (DD/MM/YYYY): |
|  | | Member’s address: |
|  | | Bupa registration number: |
|  | | Proposed date of procedure: |
|  | | Consultant’s name: |
|  | | Bupa Provider Number: |
|  | | Name of hospital: |
| **Procedure** |
| Please indicate which procedure is proposed: |
| Balloon kyphoplasty for vertebral fracture caused by vertebral metastases |
| Balloon kyphoplasty for unhealed osteoporotic vertebral compression fracture (where the patient’s pain is severe and ongoing despite optimal pain management) |
| Please indicate number of levels to be treated: |
| **Eligibility criteria** |
| Bupa will consider funding balloon kyphoplasty for vertebral fractures caused by vertebral metastases where there is no evidence of metastatic spinal cord compression or spinal instability and in accordance with all criteria in NICE clinical guideline CG75.  Bupa will consider funding balloon kyphoplasty for recent, unhealed osteoporotic vertebral compression fractures for patients in whom the pain is severe and ongoing despite optimal pain management, and has been confirmed to be at the level of the fracture by physical examination and MRI, in accordance with NICE technology appraisal guidance TA279. |

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| **Declaration** | | | |
| **To be completed by the consultant** | | | |
| Please sign below to confirm that the procedure for which funding is sought meets the eligibility criteria. In order to confirm eligibility for funding, Bupa may verify the information submitted in this form with a copy of the patient’s full medical notes, which may be requested from you and the patient’s GP. | | | |
| Signed: |  | Date: |  |
| Please print name: | | | |

June 2013