

Funding request form: Genetic testing



Please complete this form on Providers Online to check whether your Bupa patient's healthcare scheme covers a genetic test in the UK.

If you don't have access to Providers Online, please call us on 0345 755 3333* between 9am and 5pm Monday to Friday to set up an account. You can use this form in the meantime.

- Our customers' health insurance schemes may cover the cost of some genetic tests, for example to aid treatment decisions.
- The scheme needs to cover the condition that's under investigation.
- Schemes don't cover tests solely for screening, even if there's a strong family history of a condition.

When reviewing these requests, we assess if they're consistent with best practices in the medical profession in the UK.

Completing the form

- Complete all sections of this form.
- Include a summary of the patient's anticipated benefit(s) and published evidence. Without all the information, our response to your funding request may be delayed.
- Email the completed form to us at least four working days before the test is due to take place:
 - o Oncology-related requests: OncologyTeam@bupa.com
 - o All other requests: Bupamemberservices@bupa.com

If you need to send us sensitive information you can email us securely using Egress^.

We'll let you know by email or call within three working days of receiving the completed form whether cover is available.

If you've any questions, please use the email addresses above and we'll be happy to help.

1. Patient's information

Title (please tick) Mr Mrs Miss Ms Mx Dr Prof Other (please state)

Patient's name:

Date of birth:

Patient's phone number:

Bupa membership number:

2. Clinician's information

Consultant's name:

Bupa provider number:

Phone number:

Hospital name:

* We may record or monitor our calls.

^ For more information and to sign up for a free Egress account, go to <https://switch.egress.com>. You won't be charged for sending secure emails to a Bupa email address using the Egress service.

3. Hospital information

Which hospital or clinic will bill Bupa for this test?

All hospitals and clinics need to be Bupa recognised with a contract for delivering the proposed test. We're unable to reimburse those that aren't Bupa recognised.

4. Genetic test information

Name of genetic or molecular test planned:

Procedure code (if available):

What's the reason for the genetic test?

- To aid diagnosis or assess the patient's response to treatment or likelihood of disease progression
 - The patient has relapsed and there are no standard treatment pathways available
 - There is no clear treatment pathway for the disease or disease stage
 - Other, please explain
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Please give full details of how the proposed test will benefit the patient. For example, if the test will help guide the management of treatment, please specify how.

Include the clinical evidence to support the use of this test.

Patient's condition

Please indicate the type of disease being treated:

Cancer - please give the full diagnosis and stage of disease:

Rare disease* (including rare cancer)* - please give full details:

*Rare diseases have a prevalence of less than 5 in 10,000 of the general population. To check whether a disease is rare, please visit: www.orpha.net

Other

Please explain why you think they have this condition? For example, is there a family history?

Please give details of the patient's current symptoms:

Has the patient had any other genetic or molecular testing? No Yes, please give details:

5. Treatment history

Please give details of any treatment the patient has received or is currently receiving:

If the patient is being treated for cancer, how many chemotherapy treatment cycles have they received?

None 1 to 3 treatment courses > 3 treatment courses

If the patient is being treated for cancer, when was their last tumour biopsy?

6. Consultant's declaration

I understand that the clinical information I've supplied may be considered to be a medical report for insurance purposes. I confirm that my patient (or their legal representative) has given their permission for me to share this information and, where they've asked to review this information, they've been given an opportunity to do so before I submitted this form.

Consultant's name

Date

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General Medical Council number
