

Further physiotherapy treatment

Funding request form



Please complete this form to request funding for all Bupa patients who need more sessions of physiotherapy than we've initially pre-authorised. It will mean we have all the information we need to see whether the patient's scheme covers any additional sessions of physiotherapy.

We initially pre-authorise five sessions of physiotherapy except post-operation, when we use best practice guidelines to determine the number of sessions for the initial pre-authorisation (you can find the number of sessions covered on **Providers Online**).

We'll consider funding more where it is clinically necessary and covered by the patients' health insurance policy or healthcare trust. We may request a copy of the patient's full medical notes from you and their GP to confirm that the proposed treatment is covered by their benefits.

Our schemes cover evidence based, clinically appropriate treatment for acute conditions which is expected to quickly restore the patient to their previous state of health. You can find out more at **bupa.co.uk/important-points-about-your-bupa-patients-cover**

We recommend that you submit this form as soon as you know that the patient needs more sessions than originally authorised to avoid delaying future treatment. We'll let the patient know and update the number of sessions on Providers Online for you within three working days of receiving your completed form.

Please send us your completed form by secure email to **tmtsm@bupa.com**. Information you send to this email address may not be secure unless you send us your email through Egress. To sign up for a free Egress account, go to **<https://switch.egress.com>**

If you've any questions, please call us on **0345 600 0541** between 8am and 8pm Monday to Friday, and 8am and 4pm on Saturdays. We may record or monitor our calls.

About the patient

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

Patient's name

Date of birth

D

D

M

M

Y

Y

Y

Y

Bupa membership number

Phone number

Therapist's details

Therapist's name

Bupa provider number

Phone number

About the patient's condition

What's the patient's diagnosis?

Assessment

	Initial assessment	Current assessment
Subjective markers Such as Visual Analogue Scale, functional limitation etc		
	Initial assessment	Current assessment
Objective markers		
	Initial score	Current score
Outcome Measures Such as Patient Specific Functional Scale		

About the treatment

Treatment start date

Please summarise the patient's treatment to date and response

Number of sessions to date

Proposed treatment plan

Number of additional sessions requested

Please explain the clinical reason for further treatment, detailing best practice guidelines used

Does the patient have any other unrelated conditions which may affect their recovery?

Therapist'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.

Therapist's name

Date

D

D

M

M

Y

Y

Y

Y

HCPC number