

# NHS cancer cash benefit

## Claim form



### Before you begin

Please use this form if you'd like to make a claim for NHS cancer cash benefit. There's more information about the cash benefits available on your policy in your policy guide and membership certificate.

Please read the following carefully before completing the form:

- You can complete this form on a computer or use a paper copy and write in capital letters and black ink.
- You (or your parent or guardian if you're under 16 years old) should complete sections A, C, D, and E.
- You, and the NHS hospital where you were treated, should complete section B.
- You need to complete separate forms for each person making a claim.
- Read the privacy notice on page seven to see how we use your information.
- Return your completed form by post to: **Bupa, Bupa Place, 102 The Quays, Salford M50 3SP**, or email to **oncologyteam@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.

- If you need any help, advice or have any questions about your treatment, please call our dedicated Oncology Support team on **0345 850 0465**. We're here to help between 8am and 8pm Monday to Friday and 8am and 4pm on Saturday. We may record or monitor phone calls.

**Hearing or speech difficulties?** Please use the Relay UK service on your smartphone or textphone. Visit [relayuk.bt.com](https://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.

### Need to know

Your doctor or hospital may charge you for completing this form. These charges aren't covered by your policy, so you'll need to pay these yourself.

Your claim will be paid in line with your policy's benefit allowances. All payments are in £ sterling.

# A. Your personal details – to be completed by the person who was treated

Your membership number

Title (please tick or list title if other)

Mr

Mrs

Miss

Ms

Mx

Other

First name(s)

Surname

Address

Postcode

Home phone number

Mobile phone number

Date of birth

D

D

M

M

Y

Y

Y

Y

Please give us details about the medical condition you’re claiming for (for example breast cancer or bowel cancer).

# B. Treatment details – to be completed by the person who was treated and the hospital

## 1. Chemotherapy

Please ask the NHS hospital where you were treated to give details of your completed chemotherapy treatment.

### Chemotherapy, other than oral chemotherapy

Drug name(s)	Please list each individual date you had non-oral chemotherapy	
	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
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	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
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### Instructions for the hospital

Please confirm that the patient was treated under the NHS without charge for non-oral chemotherapy

Signature of hospital administrator	Official NHS hospital stamp
Date <div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	

## 2. Oral drug treatment for cancer

Please ask the NHS hospital where you were treated to give details of your completed oral drug treatment for cancer.

### Oral chemotherapy or oral anti-hormone therapy that is not available from a GP

Drug name(s)	Cycle start date	Cycle end date
	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
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### Instructions for the hospital

Please confirm that the patient was treated under the NHS without charge for oral drug treatment for cancer

Signature of hospital administrator	Official NHS hospital stamp
Date <div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	

### 3. Surgery

Please ask the NHS hospital where you were treated to give details of your surgery.

#### Surgery

Procedure description (including procedure code(s), if known)

Admission date

Discharge date

#### Instructions for the hospital

Please confirm that the patient was treated under the NHS without charge for surgery

Signature of hospital administrator

Official NHS hospital stamp

Date

### 4. Radiotherapy (including proton beam therapy)

Please ask the NHS hospital where you were treated to give details of your completed radiotherapy.

Radiotherapy ☐ Please see the section below for radiotherapy to treat benign brain tumours.

How many days did the patient have radiotherapy?

Radiotherapy start date

Radiotherapy end date

#### Instructions for the hospital

Please confirm that the patient was treated under the NHS without charge for radiotherapy

Signature of hospital administrator

Official NHS hospital stamp

Date

## 4. Radiotherapy (including proton beam therapy (continued))

Please ask the NHS hospital where you were treated to give details of your completed radiotherapy.

Benign brain tumour radiotherapy ☐

How many days did the patient have radiotherapy?

Radiotherapy start date

Radiotherapy end date

Please confirm that the patient has completed radiotherapy for a benign brain tumour under the NHS without charge

Signature of hospital administrator

Official NHS hospital stamp

Date

## C. Payment details

If you'd like to be paid by bank transfer, please complete this section. Please check that the details are correct so we can pay your claim quickly.

We can pay your claim:

- by bank transfer into your chosen bank or building society account. This usually takes three working days once we've finalised your claim. Payments into a building society account may take a day longer.
- by cheque which we'll send you by post.

Account holder's name

Account holder's phone number

Bank/building society name

Sort code  -  -

Account number

If you'd like to be paid by cheque, please tick this box ☐

## D. Patient declaration

Please read the following carefully before signing the declaration. Please check your policy wording and read the terms and conditions as they relate to your claim. We'll use the information on this form to deal with your claim.

If you are completing this on behalf of your dependant, remember to check with them that you have their correct details and make sure that they are directed to our privacy notice at the end of this document before submitting their details to us. Please note that you must have your dependants' express agreement to submit this form on their behalf (or be their legal representative).

### Declaration

- I/We declare that the information contained within this claim is true and correct to the best of my/our knowledge and belief.
- To my knowledge I/We have not withheld any information from Bupa in connection with this claim.
- I/We agree to provide any further information or documents as may be reasonably required.

Signature of the person making the claim  
(or parent/guardian if aged under 16)

Relationship to the person making the claim

Date 

D	D	M	M	Y	Y	Y	Y
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## E. Medical reports – when we need more information from your doctor

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 will 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 a fee 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 the person making the claim  
(or parent/guardian if aged under 16)

Relationship to the person making the claim

Date 

D	D	M	M	Y	Y	Y	Y
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# 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, which is 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 Privacy Team, Bupa, 1 Angel Court, London EC2R 7HJ**. 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-notices](https://bupa.co.uk/legal-notices).

### 1. Who this privacy notice applies to

This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your') in any way (for example, by email, through our website, by phone, on our app and so on).

### 2. How we collect personal information

We collect personal information from you and from certain other organisations acting on your behalf (for example, brokers, healthcare 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 appropriate, your dependants. 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). 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 healthcare 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 it is. We normally process standard personal information if this is necessary to provide the services set out in a contract, it is in our or a third party's legitimate interests or it is needed or allowed by law. We process special categories of information (commonly referred to as sensitive 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 your permission or it is in our 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 Privacy Team, Bupa, 1 Angel Court, London EC2R 7HJ**.

### 6. Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a fairer, quicker, better, and more consistent service, and provide 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 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 (automated processing of your information to help us evaluate certain things about you, for example, your personal preferences and your interests) 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, healthcare providers) or who we need information from to allow us 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, and in what circumstances, in our full privacy notice.

### 8. International transfers

Some companies that we work in partnership with or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) are located in, or run their services from, countries across the world. As a result, we may transfer your personal information to different countries for the purposes set out in this privacy notice. This may include transferring information 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. When we transfer your personal information to another country, we take steps to make sure that 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 for periods we work out using the criteria shown in the full privacy notice available on our website.

### 10. Your rights

You have the right to access your information and to ask us to correct, delete and restrict the use of your information. You also have rights to: object to your information being used; ask us to transfer your information to someone else; withdraw your permission for us to use your information, and; ask us not to make automated decisions which produce legal effects that concern 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 privacy 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 complain 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).