

# Procedure Specific Cash Benefit Cardiac claim form



## Before you begin

Please use this form if you'd like to make a claim for Procedure Specific cash benefit. You need to complete separate forms for:

- each separate hospital stay
- each person making a claim.

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.
- The NHS hospital where you were treated should complete section B.
- Read the privacy notice on page six to see how we use your information.
- Return your completed form by post to: **Bupa Cardiac Support Team, Bupa Place, 102 The Quays, Salford M50 3SP**
- If you need any help, advice or have any questions about your treatment, please call our dedicated Cardiac Support team on **0345 600 7264**. 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 consultant or hospital may charge you for completing this form or providing any additional medical information we need. 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

Title ( <i>please tick or list title if other</i> )	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Mx	<input type="checkbox"/>	Other	<input type="checkbox"/>
First name(s)												
Surname												
Address												
Postcode												
Home phone number												
Mobile number												
Date of birth	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>				
Your membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## B. NHS hospital confirmation - to be completed by the hospital

This section should be completed by a member of staff in the admissions department of the NHS hospital where you were treated. The hospital will return the completed form to you, before you send it back to Bupa.

### Instructions for the hospital

Only complete this section if the patient has received treatment free of charge as an NHS inpatient.

Admission date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Discharge date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Is the patient still an inpatient? ( <i>please tick</i> )	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>													
Was the patient treated without charge? ( <i>please tick</i> )	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>													
If the patient was charged, was it only for an amenity bed? ( <i>please tick</i> )	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>													

## B. NHS hospital confirmation (continued)

### Treatment received

Date of treatment	Type of treatment	Office use only
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Percutaneous transluminal angioplasty of coronary artery(ies) <input type="checkbox"/>	
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Cardiac catheterisation (coronary angiogram or arteriography) <input type="checkbox"/>	
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Cardiac pacemaker system Single chamber <input type="checkbox"/> Dual chamber <input type="checkbox"/> Biventricular pacing system <input type="checkbox"/> Cardioverter defibrillator <input type="checkbox"/>	
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Re-siting or replacement of intravenous cardiac pacemaker system <input type="checkbox"/>	
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Percutaneous transluminal ablation of atrio-ventricular junction <input type="checkbox"/>	
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Ablation of atrial arrhythmia <input type="checkbox"/>	
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Ablation of ventricular arrhythmia <input type="checkbox"/>	
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Diagnostic intra-cardiac electrophysiological study <input type="checkbox"/>	
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Coronary artery bypass graft surgery <input type="checkbox"/>	
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Cardiac valve replacement surgery <input type="checkbox"/>	
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Other procedure ( <i>please specify</i> ) <input type="checkbox"/>	

Signature	Official NHS hospital stamp
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Print name in capital letters
Job title
Department
Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

### 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 name

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 dependent, remember to check with them that you have their correct details and make sure that they are directed to our privacy notice on page six 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

[illegible]

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

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- 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 six 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**.

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

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Relationship to the person making the claim

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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).