Gynaecology / Assisted Fertility treatment form

Some of our health insurance policies offer an allowance for assisted fertility treatment. Please complete this form so we know whether the procedure you performed for this patient should come out of the gynaecological benefit or assisted fertility benefit of their Bupa health insurance.

Please send your completed form to this email address securely using Egress Switch[†]: clinicalsupport@bupa.com and return it to us before you invoice us for the treatment. This isn't a funding request form so you don't need to worry about sending it to us before going ahead with the diagnostics or treatment.

If you've any questions, please call: 0345 600 5780*. We're here between 8am and 8pm Monday to Friday.

PATIENT AND CONSULTANT INFORMATION

Patient's name:	Consultant's name:
Date of birth:	Bupa Provider Number:
Bupa Membership Number:	Phone number:
Patient's phone number:	Hospital/clinic name:

PROCEDURE

Pre-authorisation number:

Procedure code(s): Procedure date:

What was the reason for the patient's procedure:

☐ to treat a gynaecological condition ☐ to treat infertility/ as part of assisted fertility

CONSULTANT'S DECLARATION

Please complete this section to confirm that the information on this form is accurate to the best of your knowledge.

Consultant's name: Date:

[†]To sign up for a free Egress Switch account, go to https://switch.egress.com/ui/learn.