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# Biventricular pacemaker (CRT-P) Bupa funding request form

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This form is for pre-authorising funding of a biventricular pacemaker (CRT-P) for Bupa patients.

We'd be grateful if you could:

- **complete every section of this form** as we're unable to assess whether this treatment is eligible for funding under our customers' health insurance schemes without all the information requested. If we need to ask for more information, this is likely to delay our funding decision and the patient's treatment.

- **give us enough time before treatment begins.** We may need to see a copy of the patient's full medical notes, which we'll request from you or the patient's GP, to confirm eligibility for funding. We'll let you know within two working days of receiving your completed form whether the Bupa patient's treatment is eligible for funding.

- **type on the form**, rather than printing it and returning it in writing.

- **Return complete form to us by secure email:** [CardiacSupportteam@bupa.com](mailto:CardiacSupportteam@bupa.com)

Please be aware that information you send to this email address may not be secure unless you send us your email through Egress Switch. For more information and to sign up for a free Egress Switch account, go to <https://switch.egress.com/ui/learn>. You won't be charged for sending secure emails to a Bupa email address using the Switch service.

<p><b>About the patient</b></p> <p>Name:</p> <p>Bupa membership number:</p>	<p><b>Patient's condition (Please tick all that apply)</b></p> <p>Sinus rhythm</p> <p>Atrial Fibrillation</p> <p>Post AV node ablation atrial management strategy</p> <p>Likely pacemaker dependent <u>and</u> left ventricular ejection fraction &lt; 50%</p> <p>Left Ventricular Ejection Fraction (%):                      NYHA Class:</p> <p>QRS duration (ms):</p> <p>LBBB: Yes</p> <p>          No</p> <p>Patient on maximum tolerated pharmacological treatment for LVSD (ie ACE-i or ARB, BB, aldosterone antagonist)</p> <p>Any other relevant information supporting the indication for CRT:</p>
<p><b>About the consultant</b></p> <p>Name:</p> <p>Bupa Provider Number:</p> <p>Telephone number:</p>	
<p><b>Essential information about the device fitted</b></p> <p>Make and model of device:</p> <p>Cost of device: £</p> <p>Reason for using this specific device:</p> <p>Proposed implantation date:</p> <p>Hospital where implantation will take place:</p>	
<p><b>Please note:</b> Bupa customers are eligible for funding for <u>two</u> routine follow up appointments post CRT-P implantation. For Bupa funded devices, we ask that the consultant sends a referral letter to their Bupa patients' GP to include: (1) make and model of device, (2) indication(s) for implantation, and (3) any follow up requirements. After the initial follow up, the patient should make an appointment with their GP to be referred for long term NHS device checks.</p>	
<p><b>I confirm that, to the best of my knowledge, the information contained in this form is accurate</b></p>	
<p>Consultant's signature:</p>	<p>GMC number:</p>
<p><b>Please complete and return this form, by email, to Bupa Cardiac Support Team: CardiacSupportteam@bupa.com</b></p>	

<sup>2</sup> GMC Good Medical Practice: Financial & commercial dealings [www.gmcuk.org/guidance/good\\_medical\\_practice/probity\\_financial\\_and\\_commercial\\_dealings.asp](http://www.gmcuk.org/guidance/good_medical_practice/probity_financial_and_commercial_dealings.asp)  
BMA Good Billing Practice: A Guide for Private Practitioners, BMA 2009