



CLINICAL DOCUMENTATION FORM



This forms needs to be completed by yourself and your medical practitioner to enable Bupa to assess whether the cosmetic surgery required is clinically necessary. Once completed please and return to:

Bupa
Manager, Hospital & Medical Utilisation Review
Level 2, 50 Bridge Street
SYDNEY NSW 2000

Or by emailing to clinicaldocs@bupa.com.au
If emailing completed form, please ensure members surname or membership number is included in the subject line.

SECTION A: Your details - to be completed by member/patient

Membership number					Patient's surname													
Cover					First name/s													
Surname					Initial	Title		Date of birth										
First name/s								D	D	M	M	Y	Y					
Initial					Title		Date of birth		Nature of ailment, illness or condition									
								D	D	M	M	Y	Y					

SECTION B: Claim details (where applicable)

Name of hospital										Planned period of hospitalisation from												
										D	D	M	M	Y	Y	to	D	D	M	M	Y	Y
Number of days																						

SECTION C: Patient authority

I authorise my surgeon and any medical practitioners whom I consulted for the above treatment to provide to Bupa any personal and medical information relating to my proposed treatment and medical history, and I acknowledge that this may include any clinical records, photographs or other information that my surgeon or medical practitioners consider may be relevant. I understand that this information will be used by Bupa for the purpose of determining if my treatment is eligible for benefits under my Bupa membership, and I have read the Privacy Statement (below) and agree to the handling of my information as outlined therein.

Privacy statement: Bupa Australia Pty Ltd ('Bupa', 'we', 'us' and 'our') will use the information provided on this form for the purposes of assessing whether your treatment is eligible for benefits under the terms of your Bupa membership. We will collect your personal and health information from any medical practitioners you have consulted in relation to your treatment (including the hospital managing your admission).

The information collected will only be used by, or disclosed to (on a strictly confidential basis) personnel engaged by Bupa in the assessment of your claim, which may include any medical practitioners acting on our behalf. If you do not provide the information requested, Bupa may be unable to assess your claim. For more information about how Bupa handles your personal information, including how to access your information, or to make a complaint about the handling of your information, please refer to our *Information Handling Policy* at bupa.com.au.

Patient's or Guardian's (if applicable) signature										Date					
										D	D	M	M	Y	Y

