

BUPA PATIENTS FORM Physio for All

FIRST NAME: **SURNAME:** **Date:**/...../.....

Physio for All is a recognised and registered BUPA UK Physiotherapy clinic.

We are happy to bill BUPA directly as long as we have the following information prior to your first consultation and you agree that you are personally liable for payments of excess which will be paid on the day of your session or any amount that BUPA will not pay on your behalf.

Policy/membership number valid for the whole course of the treatment	Number:	
Pre-authorisation number (treatment must start within 2 calendar months of the pre-authorisation date) To obtain this number, you need to call Bupa (0345 600 7663) and mention <u>the provider number</u> of the clinic where you will be treated: Physio for All at Battersea: 80008847 Physio for All at Chelsea: 8008981	Pre-authorisation Number: 	
Please specify the treatment authorised (shoulder, back, knee,...)	Treated for:	
Maximum number of sessions allowed for this episode?	Number of sessions:	
Excess amount? (please communicate with the reception about your policy)	Y / N	Amount: £.....
Renewal date of your policy	Y / N/...../.....
Have you been referred by a <input type="checkbox"/> Doctor <input type="checkbox"/> Consultant <input type="checkbox"/> Self <input type="checkbox"/> BUPA	Y/N	Consultant or Doctor's name:
Bupa requests that you fill in a satisfaction questionnaire, do you agree ?	Y/N	
If extra sessions authorised after this episode , please provide new authorisation number, the date from which that number will be used and the number of sessions authorised	New authorisation Number: Number of sessions: From date:/..../....	

Declaration: I agree that I am personally liable for payments of excess and/ or any amount that BUPA will not pay on my behalf.

Signature:

Date: