

Transcatheter aortic valve implantation (TAVI) Funding request form



This form is for pre-authorising funding of a transcatheter aortic valve implantation (TAVI) for Bupa patients.

We'd be grateful if you could give us enough time before treatment begins. We may need to see a copy of the patient's full medical notes, which we'll ask you for, to confirm that the treatment is covered by the patient's policy.

Please complete this form by typing information into all sections, and make sure that you send us a copy of the multidisciplinary team (MDT) meeting notes confirming the decision to proceed to TAVI along with this form. Without the information requested, our funding decision may be delayed.

Then send your completed form and supporting information to us by secure email to: cardiacsupportteam@bupa.com

Information you send to this email address may not be secure unless you send us your email through Egress. To sign up for a free Egress account, go to <https://switch.egress.com>

We'll let you know by phone or secure email within two working days of receiving your completed form whether the Bupa patient's treatment is covered by their policy. Please let us know how you'd prefer us to contact you about this.

Phone or secure email

If you've any questions please call us on **0345 755 3333**. We're here between 8am and 6pm Monday to Friday, and 8am to 1pm on Saturday. We may record or monitor our calls.

1. About the patient

Title (please tick) Miss Mrs Ms Mr Dr Other (please state)

Name

Date of birth

Bupa membership number

Admission hospital

Proposed date of procedure

Proposed procedure code

2. Clinician's details

Name

Bupa provider number

Phone number

3. About the patient's condition

Does the patient have severe symptomatic aortic stenosis? Yes No

Does the patient have any significant co-morbidities, including cancer? Yes No

If yes, please give full details

4. About the proposed procedure

Has the patient's care been discussed by a MDT that includes a cardiothoracic surgeon, cardiac anaesthetist, interventional cardiologist, cardiac imaging specialist, and geriatrician (if the patient is aged 75 or over)?

Yes

No

If yes, please give the names of all relevant attendees below

Specialty	Consultant's name
Cardiothoracic surgeon	
Interventional cardiologist	
Cardiac anaesthetist	
Geriatrician (if the patient 75 or over)	
Other (please give details of their specialty)	

If the patient has active malignancy, has a detailed report (including likely prognosis) from either an oncologist (or haematologist in the case of haematological malignancy) been reviewed as part of the MDT process?

Yes

No

Has the MDT review concluded that the patient's life expectancy is greater than one year (without aortic stenosis)?

Yes

No

What has the MDT concluded to be the cardiac surgical risk for this patient

Low risk

Intermediate risk

High risk/inoperable

Please confirm that TAVI was considered by the MDT as the most suitable option for this patient

Yes

No

If no, please explain why

Please give any other relevant information (in particular why surgical AVR was considered inappropriate or high risk)

5. Consultant's declaration

I understand that the clinical information I've supplied may be considered to be a medical report for insurance purposes. I confirm that my patient (or their legal representative) has given their permission for me to share this information and, where they've asked to review this information, they've been given an opportunity before I submitted this form.

Consultant cardiologist's name

Date

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General Medical Council number