

FUNDING TREATMENT VIA A HEALTH INSURANCE POLICY – DETAILS REQUIRED

In order to fund your treatment via a health insurance policy, I will need the following details:

CHECKLIST- A - PERSON RECEIVING TREATMENT (INC UNDER 18'S)

1. Full name including salutation and any middle names
2. Address
3. Telephone number
4. Email address
5. Date of Birth
6. Amount of excess to pay
7. GP's name and address

PAYMENT VIA A HEALTH INSURANCE POLICY FOR UNDER 18'S

If you are a parent or guardian arranging treatment for a person under 18 via a health insurance policy, you will need to provide the details in Checklist A plus the following in Checklist B as their parent/guardian:

CHECKLIST B - YOUR DETAILS – PARENT/GUARDIAN

1. Full name including salutation and any middle names
2. Address
3. Telephone number
4. Email address
5. Date of Birth
6. Amount of excess to pay
7. Your relationship to the person under 18

Along with the details listed in Checklist A/B, each insurer requires additional information in order for me to provide treatment that will be funded via your insurance policy. Details of what each of information I need for each of the major insurers require are provided below.

BUPA

For clients utilising a Bupa health insurance policy (personal or via their employer) I need the following details:

1. Membership number (10 digits)
2. Pre-authorisation number (8 digits)
3. Date you were referred
4. Who you were referred by:

Bupa GP
NHS GP
Self referral
Dentist
Optometrist
A&E NHS Doctor

Ships Doctor
Company Doctor
Club Doctor
Occupational Health Doctor
Foreign Doctor

In some cases, Bupa will not provide a pre-authorisation number but if I have all the other details we should be able to proceed with treatment.

AVIVA

For clients utilising an Aviva health insurance policy (personal or via their employer) I need the following details:

1. Policy/member/registration/scheme number (5/6 characters - 4/5 digits & 1 letter at the end)
2. Reference/authorisation number (7 digits - 5 digits, a dash then 2 digits)

Clients with an Aviva policy need to be referred via a GP – ask for an open referral.

AXA

For clients utilising an Axa health insurance policy (personal or via their employer) I need the following details:

1. Claim number (7 characters – 3 letters then 4 numbers)
2. Policy/membership/registration number (see configurations below)

AXA PPP Tunbridge Wells

- AA0000000A
- 0000000A
- AXA/A0000000

AXA PPP Bristol

- STP followed by 7 digits

Health-on-Line

- HOL/A0000000

AXA Global Healthcare numbers have these prefixes:

- AXI, AXE, AXC, BXI, BXE, BXC, HKE, KVE, OGI
- OR format 7000000

3. Group number* (5 characters – 4 numbers and 1 letter at the end)

*Group number applies to employer policies only

Clients with an Axa policy need to be referred via a GP – ask for an open referral.

POLICIES VIA YOUR EMPLOYER

If you are looking to fund your treatment via a health insurance policy provided by your employer and don't have your policy details available, your line manager or HR manager should be able to assist in helping you source the information required. These details can usually be found in an employee handbook or as part of your employment contract.

HOW IT WORKS

Once your insurer has agreed to fund treatment, please provide all of the relevant details listed above (preferable via email) and we can schedule your sessions – giving you peace of mind that the cost of your support is going to be taken care of for the coming weeks.

Insurers are billed directly from the outset of treatment. If there is any excess on the policy, the early sessions will be paid for via the excess e.g. a £100 excess means the first two sessions at £50 each will be billed to the insurer but paid for directly to me, by the client. Further sessions will continue to be billed directly to the insurer who will also pay for these sessions.

Most insurers approve funding for an initial block of 8-10 sessions, after which your progress will be reviewed and a request for additional sessions can be submitted to the insurer if required.

When your block of 8-10 sessions is coming to a close, in cases where the insurer is unable to fund further sessions and we both feel that additional sessions would be beneficial, you are then welcome to become a direct client and fund the sessions yourself.