

3. Application (healthcare professional to complete)

Please complete the table below where the request is for further cover or for consultations or procedures not included in the treatment basket.

Date of diagnosis

D	D	M	M	Y	Y	Y	Y
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3.1. Application for out-of-hospital treatment

Condition	ICD-10 code	Consultation or procedure code	Consultation or procedure description	Quantity required	Motivation

The professional billing codes must be supplied for us to review the application.

Please attach any relevant supporting documents, for example pathology tests. If the application is for psychotherapy treatment for members younger than 13 years of age, the scheme will require the latest Diagnostic and Statistical Manual of Mental Disorders (DSM V) form including the Global Assessment of Functioning (GAF) score.

3.2. Application for medicine

Current medicine required (please provide supportive clinical results or information, where necessary)

Condition	ICD-10 code	Medicine name, strength and dosage	Consultation or procedure description	How long has the patient used this medicine?	
				Years	Months

3.3. Application for radiology

Condition	ICD-10 code	Procedure code	Procedure description	Quantity required

1.4 Application for pathology

Condition	ICD-10 code	Procedure code	Procedure description	Quantity required

4. Healthcare professional's details (healthcare professional to complete)

First name(s)	<input type="text"/>
Surname	<input type="text"/>
BHF practice number	<input type="text"/>
Speciality	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

The outcome of this application will be communicated to you by email.

Notes to healthcare professional

1. Please ensure that the relevant ICD-10 diagnosis code(s) are used when you submit your claims to the Scheme to ensure payment from the correct benefit.
2. Please include the ICD-10 diagnosis code(s) when referring your patient to the pathologists and/or radiologists. This will enable the pathologists and radiologists to include this information on their claims and allow us to comply with legislation by paying Prescribed Minimum Benefits (PMBs) claims correctly.
3. We will approve funding for generic medicine, where available, unless you have indicated otherwise.
4. Please submit all the requested supporting documents with this application to prevent delays in the review process.
5. Should you make changes to your patient's treatment plan, you need to let us know so that we can update their Prescribed Minimum Benefits (PMBs) authorisation/s.
 - 5.1. You can do this by emailing the new prescription to us.
 - 5.2. If you or your patient do not let us know about changes to the treatment plan, we may not pay claims from the correct benefit.

Signature of healthcare professional

Date



Please only sign if information is true, complete and correct.