

Open Referral form



This form has been designed for Bupa members, GPs and specialists to support Open Referral, a simple and straightforward process for authorising treatment. Alternatively, GPs can write an Open Referral letter, ie a standard referral letter with no named specialist.

Members: Please ask your GP to complete this form or write an Open Referral letter. Once you have this, please call us to pre-authorise your treatment (your dedicated helpline number can be found on your membership certificate. Please give the form or Open Referral letter to your specialist at the first consultation; you do not need to return this to Bupa. **You must ask your GP for an Open Referral and call us to authorise any claim before arranging treatment.** If you don't, you will be responsible for paying for your treatment.

GP: When making a referral, please use this form or write an Open Referral letter to help your patient claim for the cost of private treatment. Please note there is no fee payable by Bupa for this.

Specialist: Please write back to the referring GP to make sure your patient's medical records are kept up-to-date.

1. To be completed by patient	2. To be completed by GP
Name Bharani	Name
Date of birth 23/01/1998	Telephone
Telephone 298343	Fax
Address Kovilambakkam	Address

3. Condition (Please be as specific as possible)

4. Required speciality (Please be as specific as possible)

Required sub-speciality (Where appropriate. Please be as specific as possible)

5. Brief clinical history/additional relevant information (Please attach additional information/computer generated summary as required)

GP signature

Date

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