

Pre-Authorisation Request Form

Consultants should only complete this form once a diagnosis has been made and a treatment plan has been decided. Failure to complete this form in full and to attach relevant clinical letters and investigations results may delay the assessment of the Pre-Authorisation request. **We kindly ask you to return this form at least 5 working days prior to treatment.**

Important information regarding Pre-Authorisations:

- **CCSD** codes* must be provided where a **CCSD** code is available;
- Surgeon and Anaesthetist fees are subject to CS Healthcare's **Customary and Reasonable schedule****

Consultants should not complete this form for the following treatments:

- Initial and/or follow-up consultations (excluding psychiatric)
- Cataract surgery
- Tests and investigations (including CT and MRI)
- Endoscopies (excluding laparoscopy)
- Knee arthroscopy
- An initial steroid injection (joints) - **please complete this form for non-steroid injections.**

Members should contact the Claims Team on 020 8410 0440 for Pre-Authorisation.

Please attach a clinical letter and investigations results along with this completed form for the following conditions and treatments:

- Joint replacements
- Skin conditions requiring surgical intervention (including biopsies and/or therapeutic treatments)
- Cardiac procedures (e.g. coronary angiography +/- angioplasty, bypass, valve replacements, pacemaker etc)
- Spinal surgeries
- Psychiatric treatment
- Cancer treatments

Please send the completed form to claims@cshealthcare.co.uk, by fax 020 8547 0240, or post to: Princess House, 1 Horace Rd, Kingston upon Thames KT1 2SL

Section 1. Member Details

(For the patient or consultant to complete)

Member Name:	<input type="text"/>	Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Policy/Registration Number:	<input type="text"/>	Claim Number:	<input type="text"/>

Section 2. Medical Provider and Consultant

(For the consultant to complete)

Consultant's Name:	<input type="text"/>		
Speciality:	<input type="text"/>	GMC:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Email:	<input type="text"/>		
Hospital Details			
Hospital Name:	<input type="text"/>	Postcode:	<input type="text"/>

*Each surgical and medical procedure has a CCSD code and description, which are used as a common term of reference within the private medical industry.

**By this we mean that all costs must be necessary, customary and reasonably incurred at a hospital or medical services provider as previously agreed by us, and that all Surgeon and Anaesthetist fees will be paid in full according to the rates of the CS Healthcare fee schedule. All other costs incurred must be within average and acceptable levels appropriate for the services provided. For more details, please see: <https://www.cshealthcare.co.uk/hospitals-and-fees/our-fee-schedule/>

Section 3. Medical Condition

(For the consultant to complete)

Signs and symptoms:					
Onset of signs and symptoms:	/	/	Date of first consultation:	/	/
Diagnosis:					
Underlying cause (if known):					
Please tick as appropriate:	Acute	Chronic	Chronic Condition Flare-up	Congenital	

Section 4. Treatment

(For the consultant to complete)

Proposed treatment:				
CCSD Code:				
Is a prosthesis required:	Yes	No	Model:	
Aim of treatment:	Curative	Stabilising Chronic Flare-up	Maintenance of Chronic Condition	
Date of treatment:	/	/	Estimated length of stay (in days) ⁺ :	
Admission type:	Out-patient	Day-case	In-patient	
Post-discharge plan:	Not applicable	Nursing at home	Convalescence home care	

⁺Where a length of stay is longer than standard for the listed treatment (i.e. CCSD code), either pre-operatively or post-operatively, please provide a clinical letter explaining the medical necessity of the extended length of stay.

Section 5. Estimated Costs

(For the consultant to complete)

Surgeon fee:		Anaesthetist fee:	
Prosthesis:			

All professional fees are subject to CS Healthcare's Customary and Reasonable schedule, providing the claim is eligible for cover under CS Healthcare's T&Cs. Fees exceeding CS Healthcare's Customary and Reasonable schedule will be subject to a shortfall.

Please visit the following link for CS Healthcare's Customary and Reasonable fee schedule:

<https://www.cshealthcare.co.uk/hospitals-and-fees/our-fee-schedule>

Section 6. Declaration

(for consultant to sign and stamp)

I declare that the information given on this form is complete, true and accurate and reflects the information recorded in this patient's medical records.	
Consultant's signature and stamp:	Date: / /