

H3 Insurance Referral Form

H3 Members: You must ask your GP or physiotherapist to complete this form, once completed call us on 028 90 469994 to pre-authorise your treatment. You do not need to return this form to us, simply give it to your specialist at your first consultation.

Please note if this process is not followed your claim may not be authorised and you will be responsible for the cost of your treatment. If you require any assistance, please do not hesitate to contact us on 028 90 469994.

GPs or physiotherapists: This referral form must be completed to enable your patient claim for the cost of private treatment. H3 Insurance only requires you to specify a body part not a consultant. Please note there is no fee payable by H3 Insurance for this.

1. Details of Patient – to be completed by member

Title:	Home Tel No:
Forename:	Mobile No:
Surname:	Date of Birth:
Address:	Email:

2. Required speciality (please tick) – to be completed by GP or physiotherapist

Breast Clinic	<input type="checkbox"/>	Gynaecology	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	Neurology	<input type="checkbox"/>	Rheumatology	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Neurosurgery	<input type="checkbox"/>	Sports Medicine	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Orthopaedics	<input type="checkbox"/>	Urology	<input type="checkbox"/>
Gastroenterology	<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>	Other (please specify) _____	
General Surgery	<input type="checkbox"/>				

Investigations (please state area) **NB: Examinations requiring the use of ionising radiation i.e. X-Ray or CT can only be referred by a qualified Medical Doctor. MRI and Ultrasound however can be referred by an appropriately trained Physiotherapist.**

CT Scan Body Part to be scanned: _____

MRI Scan

Other (please specify) _____ eGFR _____

3. Reason for Referral/condition – to be completed by GP or physiotherapist

(Please attach additional information/computer generated summary as required)

You are legally obliged under IR(ME)R NI 2000 to supply sufficient medical data for justification purposes

4. GP/Practice Details – to be completed by GP or physiotherapist

Practice Name:	Cypher No:
Referring GP:	Tel No:
Practice Address:	

GP or physiotherapist signature _____ **Referral Date** _____