H3 Health Insurance Referral Form

H3 Health Insurance members: You must ask your GP or physiotherapist to complete this form, once completed call us on **028 9046 9994** to pre-authorise your treatment.

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 9046 9994**.

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

1. DETAILS OF PATIENT - to be completed by member

Title:		Home Tel No:	
Forename:		Mobile:	
Surname:		DOB:	
Address:		Email:	

2. REQUIRED SPECIALITY (PLEASE TICK) – to be completed by GP or physiotherapist

- ☐ Breast Clinic
- ☐ Cardiology
- ☐ Dermatology
- ☐ ENT
- ☐ Gastroenterology
- ☐ General Surgery
- ☐ Gynaecology
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Orthopaedics
- ☐ Paediatrics
- ☐ Respiratory
- ☐ Rheumatology
- ☐ Sports Medicine
- ☐ Urology
- ☐ Other (please specify):

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:	/ /