VitalityHealth

Fee-uplift Request Form

|  |  |
| --- | --- |
| **Members Name** |  |
| **Claim Reference Number** |  |
| **Age of Member** |  |
| **Co-Morbidities** |  |
| **CCSD Coding for The Procedure**\*(confirm each surgeon for each CCSD code) |  |
| **Knife to Skin to Closure Time** |  |
| **Surgeon(s) Name****and GMC Number(s)** |  |
| **Anaesthetist Name****and GMC Number** |  |

Once completed please send to practitionerqueries@vitality.co.uk with the following:

* Fee-uplift justification commentary letter
* Anaesthetic charts
* Operation notes
* Any clinic letters, MDT reports or supporting evidence that is relevant to the surgical case

**By signing this form, I confirm that I have obtained the patient’s (member name stated above) consent to share this information with VitalityHealth.**

|  |  |
| --- | --- |
| **PRINT FULL NAME** |  |
| **SIGNATURE** |  |
| **DATE** |  |

Please visit the [CCSD](https://www.ccsd.org.uk/ccsdschedule/) website for up to date information and for VitalityHealth CCSD codes and fees please refer to our [Fee Finder](https://www.vitality.co.uk/healthcare-providers/fee-finder/). For more information visit our [Provider Website](https://www.vitality.co.uk/healthcare-providers/fee-finder/). When requesting fee-uplifts please refer to our [Terms of Recognition](http://vitalityhealth.terms-of-recognition.sgizmo.eu/s3/) and [Billing Standards](http://vitalityhealth.terms-of-recognition.sgizmo.eu/s3/).