# Hospital Exemption Request

## 1 Patient’s details

1.1 Patient’s title and name:  
   - Mr  
   - Mrs  
   - Ms  
   - Miss  
   - Other:  
   
   Last name:  

1.2 Membership no:  

1.3 Specialist name:  

1.4 AXA PPP healthcare specialist code (if known):  

1.5 Hospital  

1.6 Admission date:  
   - D  
   - M  
   - Y  

1.7 Medical/Surgical Admission (Please date as applicable)  

1.8 Operation:  

1.9 OPCS Code:  

## 2 Hospital details

2.1 Please detail clinical reason for use of non-network hospital:  

2.2 Local AXA PPP healthcare network hospital:  

## 3 Declaration and consent

3.1 I confirm above request has been discussed with the network hospital. Name of hospital contact:  

3.2 Specialist signature:  

3.3 Date:  
   - D  
   - M  
   - Y  

3.4 Telephone no:  

3.5 Secretary:  

3.6 Fax no:  

Failure to provide all the information requested will cause a delay in assessing eligibility of this treatment. Your response to this fax would be appreciated within the next 2 days. If no response is received, we will take this to mean you have arranged treatment for this patient within the network.

Please fax completed form to: Network Exemptions 0117 972 6006