



The Real Benefit of Private Medical Insurance

A self storage and removal business have in place a small group scheme to cover all key employees of the business, and their Families. Five adults were included on the policy, with four children. The current premium in 2007 is £243 per month, and the policy is fully comprehensive.

The ex-wife of the Managing Director who was still covered under the policy noticed a small lump on her breast. She went to see her GP, and he on his primary investigation thought that it was nothing to worry about, as it was probably just a cyst. She returned home and relayed this information to her ex Husband at work.

Distinctly unhappy and concerned about this diagnosis the Husband insisted she go back to the GP and explain to him that the Family had private medical cover, and that a referral to a Consultant was needed and required urgently. A mother at the Children's school was currently undergoing treatment for breast cancer, so the matter was of great concern, an no was not an answer.



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A private consultation was arranged at the BUPA private hospital for the following week, tests were taken, and the family anxiously awaited the results. Four days later the results came through with the bad news that the lump was in fact a cancer, a small but highly aggressive tumour.

An operation was arranged for the following day at the BUPA hospital, and a lumpectomy was performed. Further tests were taken the following the operation to test the cells around the operation site, and regrettably a second operation was required one week later. The hospital was comfortable, and above all clean, and the Husband was able to visit with the children aged 12 and 8 each and every day whenever he wanted. After two weeks in hospital, with further tests and treatment from the Consultant, a period of recuperation was had before the chemotherapy was begun. For three months the lady visited the private hospital as an outpatient for chemotherapy.

She was not very well, felt sick and tired all the time, but she was bearing up with great courage and fortitude with a very positive attitude. Her hair began to fall out in clumps, and on one fateful day she accepted that she would have to have her head shaved, a very difficult thing for a young mother to do. Bandanna's were purchased and the treatment continued. After the chemo, was the radiotherapy six weeks of daily visits to the hospital before finally being given the good news that her cancer was in remission.

Seven working days from the initial visit to the GP, her first operation was performed. The treatment was performed efficiently in a clean and comfortable environment. All the bills were settled by the Insurer directly with everyone, the hospital, Consultant, Anaesthetist, Oncologist cancer drugs etc and the value of the claim was in excess of £28000. She continues to benefit from the comfort of knowing that should the cancer reoccur then the Insurer will pay for any claims for a secondary cancer episode, as well as any illness that the children may need.

On a point of interest, whilst being signed off by the Consultant she enquired what would have happened had she not had private cover, and had to go down the NHS route. He informed her, quite matter of factly, that IF had her GP referred her she would have had to have waited at least 12 weeks before her first consultation, and the outcome given the aggressive nature of the tumour would have been entirely different.

This is a real story. PMI makes sense.